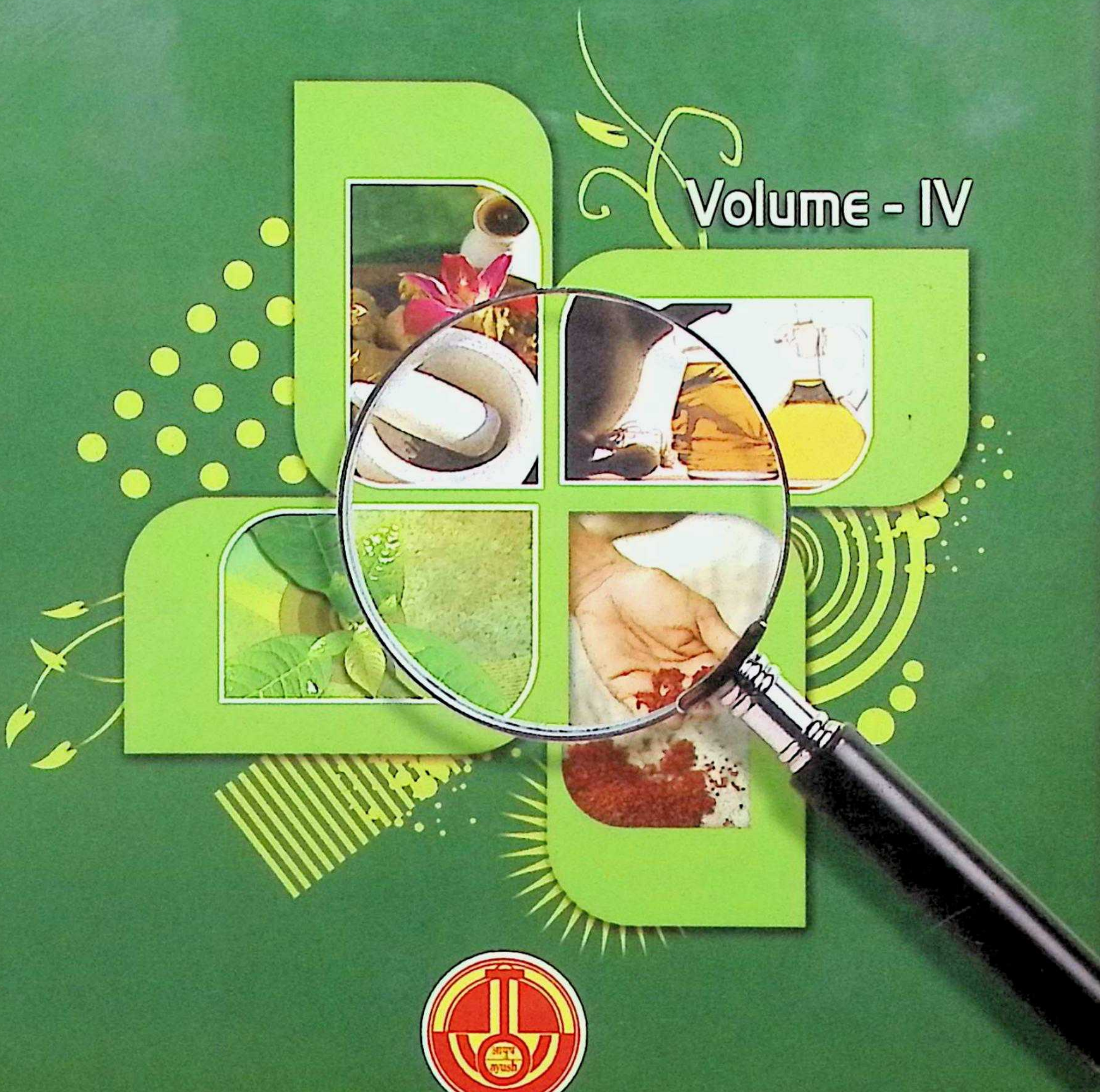
RESEARCH DATABASE ON AYURVEDA, SIDDHA, OTHER TRADITIONAL MEDICINE AND RELATED SCIENCES



Volume - IV

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA & SIDDHA
Department of AYUSH
Ministry of Health & Family Welfare
Government of India
New Delhi
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2010

RESEARCH DATABASE ON AYURVEDA, SIDDHA, OTHER TRADITIONAL MEDICINE AND RELATED SCIENCES

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Volume - IV

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Gram : "AYUSH"

केन्द्रीय आयुर्वेद एवं सिद्ध अनुसंधान परिषद्
आयुष विभाग
(स्वशासी निकाय, स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, भारत सरकार)
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन

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FOREWORD

The high end of medical sciences is the preservation of health and it can be attained in two ways, firstly by eradicating the diseases, which may invade the body, secondly, by due observation of such rules as would keep away the diseases. Although diseases have not changed significantly through human history, their patterns have paradigm shift. It is said that every decade there is a dynamic change in the pattern of disease. This has led to the development of novel therapies to the refractory patterns of diseases wherein systems with holistic philosophy and concepts have a significant role.

Traditional medicine is easily available and affordable in low-income countries, but with increasing globalization, knowledge holders are concerned about the erosion of traditional lifestyle and cultures through external pressures, including loss of their knowledge and reluctance of younger members of the community to maintain traditional practices. The evolution of traditional medicine has been influenced by cultural and historical conditions, making systematic evaluation difficult, since factors such as the philosophy and theory which underlie its use must be taken into account.

Although traditional medicine has long been used, there is little systematic evidence regarding its safety and efficacy available in codified form to scientific community. Absence of such comprehensive database of research in traditional medicine sector has in turn slowed down its development. In addition, there is a lack of cooperation and sharing of information among diverse disciplines, individuals, organizations and countries across the globe hampering research, development and regulation.

To address the problem, the Central Council for Research in Ayurveda and Siddha (CCRAS) has initiated to generate Research Database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and Other Traditional Medicine & Related Sciences to make available the data at a glance to the scientific community/ academicians/ industries/ policy makers etc., which would help in appraising the research for further planning, to avoid repetition, to find out collaboration and exploration of new areas of research.

To make the objective pragmatic, CCRAS collected significant data on research done in recent years and launched a web based research database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines research at National Institute of Indian Medical Heritage located at Hyderabad and generated Research Database through gathering authentic published data by inviting information from individuals, Scientists, Academicians, Industries and Universities and so on who are working in all related fields. An electronic web based user friendly format has been evolved to generate the data from the individuals and organizations through online submission.

Medical professionals, Scientists, Academicians, Industries, Universities etc. may utilize this unique opportunity to provide the information on research carried out in their institutes (Institutional/ Industrial and Post Graduate & Ph.D. Research) in the prescribed format to incorporate the same in the database and enrich the science for the cause of Indian medical heritage at large

I hope, this document would immensely help students, research scholars, practitioners, academicians, scientists, public health administrators for sustainable utilization of merits of Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines.

Date : 15-02-2010
Place : New Delhi

(Prof. G.S. Lavekar)
Director General

राष्ट्रीय भारतीय आयुर्विज्ञान संपदा संस्थान
केन्द्रीय आयुर्वेद एवं सिद्ध अनुसन्धान परिषद्, आयुष विभाग, स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, भारत सरकार
तृतीय तल, उस्मानिया मेडिकल कॉलेज भवन, पुतलीबावली, हैदराबाद–५०० ०९५ (आ.प्र.), भारत
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DR. ALA NARAYANA
DIRECTOR

PROLOGUE

Research and Development in the field of Ayurveda, Siddha, Unani and other Traditional medicine play a pivotal role for their up-gradation and reorganization as global health care systems. In the current scenario these systems have gain popularity and being adapted as options for primary, secondary and tertiary health care even in the countries where conventional system of medicine is predominant.

The dissemination of Research outcome and evidence based knowledge plays an essential role in main streaming the traditional systems of medicine. Further this would facilitate to create awareness across the scientific community, researchers, academicians, medical professionals concerning the merits of this system which inturn help to promote the best practices and core strength embodied there in.

Being apex body in the country for the formulation of research in Ayurveda and Siddha on scientific lines, the Central Council for Research in Ayurveda and Siddha has initiated this novel information retrieval system and launched Online Research database on Ayurveda, Siddha, other traditional system of medicines and related sciences. The National Institute of Indian Medical Heritage, Hyderabad, focused with the mandate of preserving, reviving, retrieving and disseminating the heritage of Indian Medical systems has taken initiates for sustainable management of this research database.

Tremendous efforts have been put in by this institute in developing online electronic format for submission of the research information. Further the web-portal has been evolved integrating the information and technology systems for submission, retrieval, dynamic search, user data management in secure and easily accessible manner.

Initially the information from various contributors viz., researchers, academic and research institutes, universities, medical professional was gathered in prescribed format and transformed into electronic form after editing and data refinement. Authentic English translation has also been carried out for the information received in different languages.

The web portal of research database has been hosted in collaboration with National Informatics centre, Hyderabad for sustainable accessibility of public domain. Efforts are being made to link the database with National Knowledge network of Government of India in order to provide wide publicity.

In order to create awareness among researchers, academic and research institutes, universities, medical professional and encouraging them for contributing this database, initially the database is made available in the print form. These volumes comprise the abstracts of research information and user manual for the benefit of various stake holders.

The complimentary copies will be provided to academic and research institutes, universities and contributors.

It is hoped that this unique document would greatly contribute for awareness creation for the benefit of traditional system of medicine research at large.

(Dr. Ala Narayana)
Director

Date : 15-02-2010
Place: Hyderabad

ACKNOWLEDGEMENT

The Council places record of its appreciation to the contributors who have extended their support by providing valuable inputs and Research information for this database. The valuable suggestions and guidance offered by the chairmen and members of Scientific Advisory Committee (Ayurveda) of the Council are duly acknowledged.

The inspiring suggestions and valuable support extended by **Smt. S. Jalaja, Secretary, Department of AYUSH and Shri. B. Anand, Joint Secretary, Department of AYUSH** are highly acknowledged

Special thanks are due to Dr. V. N. Pandey, Former Director, CCRAS who enriched this database by offering valuable guidance and providing a number of abstracts of post-graduate research carried out at reputed institutes across the country.

The efforts put in by the project coordinators and associate staff of CCRAS head quarters and National Institute of Indian Medical Heritage in achieving this task in time are highly appreciable. The editorial support rendered by the scientists of the Council is worth mentioning .

The Council extends its appreciation for the cooperation and support of Mr. T. M. Rao, Senior Technical Director, National Informatics Centre (NIC) Data Centre, Hyderabad and Mr. S.V. Krishna Prasad, Senior System Analyst of NIC Data Centre Hyderabad.

The cooperation extended by Mr. P. Manohar and Mr. Virender, LOCUZ Enterprise Solutions Limited ,Hyderabad for timely security audit clearance to launch the web based research database is duly acknowledged.

ABBREVIATIONS OF TECHNICAL TERMS

m.	Metre
l.	Litre
mm.	Millimetre
cm.	Centimetre
µ.	Micron (0.001 mm)
Kg.	Kilogram
g.	Gramme
mg.	Milligram
ml.	Millilitre
0.5 N.	Half-normal solution
1M.	Molar solution
Fam.	Family
TS.	Transverse Section

ABBREVIATIONS USED FOR LANGUAGES

Sansk.	Sanskrit
Assam.	Assamese
Beng.	Bengali
Eng.	English
Guj.	Gujrati
Kan.	Kannada
Kash.	Kashmiri
Mal.	Malayalam
Mar.	Marathi
Ori.	Oriya
Punj.	Punjabi
Tam.	Tamil
Tel.	Telugu

Abbreviations for parts of Plants

Cotyledon	Cotldn.
Flower	Fl.
Fruit	Fr.
Heart Wood	Ht. Wd.
Leaf	Lf.
Pseudo-bulb	Pseudo-bulb
Root Bark	Rt. Bk.
Root	Rt.
Rhizome	Rz.
Seed	Sd.
Stem Bark	St. Bk.
Stem	St.
Tuberous Root	Tub. Rt.
Wood	Wd.
Whole Plant	Wh. Pl.

Research Database Template / Format

Ph.D / M.D / Academic thesis / dissertation works

	Abbreviation	Expansion	Details
1.	[ArtID]	Abstract ID	An unique ID will be allotted by online research database
2.	[FolNo]	Folder number	Folder which contains the original hard copy received from the contributor
3.	[SlNo]	Serial number	Serial number of the abstract within the afore said folder
4.	[ArtTitle]	Abstract title	Title of the abstract as per original study / language
5.	[ArtEqEng]	Abstract title in English equivalent	English equivalent of abstract title
6.	[NmeScholar]	Name of the scholar	Name of the scholar
7.	[NmeGuide]	Name of the guide	Name of the guide
8.	[NmeCoGuide]	Name of the co-guide	Name of the co-guides limited to maximum number of three
9.	[Dept]	Department	Department where the actual work was carried out
10.	[Insti]	Institution	Institution/ College where the actual work was carried out
11.	[Univ]	University	University where the actual work was carried out or the affiliation of the respective Institution / College
12.	[Year]	Year	Year of completion of the academic course
13.	[EnNo]	Enrollment number	University enrollment number or registration number
14.	[Lang]	Language	Language of the thesis/dissertation
15.	[Study]	Study	Course studied/completed Eg. Ph.D, M.D
16.	[SubStudy]	Subject of study	Specialization
17.	[AnyOther]	Any other	Any other related information
18.	[Abst]	Abstract	Maximum of 2000 characters. Structured abstract preferable containing Objective, Methods , Results & Conclusions

Published works in Journal / Bulletin

		Expansion	Details
1	[ArtID]	Article ID	An unique ID will be allotted by online research database
2	[FolNo]	Folder number	Folder which contains the original hard copy received from the contributor
3	[SlNo]	Serial number	Serial number of the article within the aforesaid folder
4	[ArtTitle]	Article title	Title of the article as per original study / language
5	[ArtEqEng]	Article title in English equivalent	English equivalent of article title
6	[Author]	Name of the author	Name of the first author
7	[Co-Author]	Name of the co-author	Names of the other authors
8	[Journal]	Name of the Journal	Name of the Journal (full form)
9	[Vol]	Volume, Year	Volume number and month/ year of publication
10	[Dept]	Department	Present department and address of the corresponding author
11	[Insti]	Institution	Institution/ University/ Organization/ Industry where the actual work was carried out
12	[Year]	Year	Year when the actual work was accomplished
13	[Lang]	Language	Language of the article
14	[Study]	Study	Highest academic qualification of the corresponding author
15	[SubStudy]	Subject of article	Research area/ specialization
17	[AnyOther]	Any other	Any other information pertaining to the article
18	[Abst]	Abstract	Maximum of 2000 characters. Structured abstract preferable containing Objective, Methods , Results & Conclusions

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    4.1 Fundamental and Literary Research
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    8.5 National Institute of Indian Medical Heritage (CCRAS) – A Profile

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    4.8 Musculo-skeletal Disorders
    4.9 Metabolic and Endocrine Disorders
    4.10 Hypertension and Cardiac Disorders
    4.11 Systemic Diseases and Anaemia
    4.12 Neuro-psychological Disorders
Appendices 8.1 User Manual for Online Research Database

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	16A
4	[ArtTitle]	***A CLINICAL STUDY ON AYURVEDIC MANAGEMENT OF CHRONIC DAILY HEADACHE WITH SPECIAL REFERENCE TO SHIRODHARA AND SIROVIRECANA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Rajika Gupta
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	BHU
11	[Univ]	
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present clinical trial aims to under take a conceptual and literary study of Chronic Daily Headache (C.D.H) a new diagnostic entity and its Ayurvedic Management with trial drug Jatamansi churna (Nardostachys jatamansi), shirodhara with Muchukunda Kasaya and Anu tail nasya. Results of present study show that CDH is more prevalent in today's fast life of stress and strain. The combined effect of trial drug, Shirodhara therapy and Nasya karma showed significant results in reducing pain score and clinical symptomatology, while the effect of individual drug or Shirodhara therapy or Nasyakarma also showed beneficial effects. This treatment also reduced the depression and anxiety

score associated with CDH.

Thus Shirodhara therapy, trial drug and Nasayakarma seem to be safe treatment modalities with moderate to excellent efficacy for treatment of CDH without causing any adverse effects.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	14A
4	[ArtTitle]	***A CLINICAL STUDY ON CHRONIC DAILY HEADACHE (CDH) AND ITS AYURVEDIC MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Suman Mitra
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	BHU
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study on Chronic Daily Headache and its Ayurvedic Management was under taken with the aim of conceptual and literary study on Chronic Daily Headache and the therapeutic trial of Ayurvedic treatment modalities of Shirodhara and Godanti Pravala yoga. The clinical trial was conducted in 45 patients and it has been found that Shirodhara and Godanti Pravala yoga showed beneficial effect. The overall result of clinical trial in majority of patients showed excellent to moderate degree of response in patients with combined therapy, while moderate degree of response was found in most of the patients of individuals therapy i.e., in case of Shirodhara and drug treated. Thus Shirodhara therapy and trial drug Godanti Pravala yoga seems to be safe and effective treatment of Chronic Daily Headache.

1	[ArtID]	
2	[FolNo]	15A
3	[SlNo]	4
4	[ArtTitle]	***A CLINICAL STUDY ON GODANTI BHASMA AND MEDHYA RASAYANA IN THE TREATMENT OF TENSION HEADACHE VIS-A-VIS VATIKA SIRAHSULA.***
5	[ArtEqEng]	
6	[NmeScholar]	Ram Niwas
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	BHU
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present thesis launched a conceptual and clinical study on Tension Headache vis-a-vis Vatika Sirahsula and its management with Godanti Bhasma and certain Medhya Rasayana drugs. The treatment response was assessed on selected patients of Tension headache after inclusion criteria. The clinical trial was conducted in 40 patients of Tension Headache. The effect of treatment was evaluated with help of symptom profile using standard symptoms grading scale, Anxiety rating scale and depression rating scale. The results were encouraging as Godanti Bhasma was found effective in somatic components like pain, while the Medhya

Rasayana drugs relieved the anxiety and tension. The overall result showed significant improvement in symptom profile. Thus, the Godanti Bhasma and Medhya Rasayana drugs appear to be effective and safe treatment of Tension Headache i.e. Vatika Shirahsula.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	14B
4	[ArtTitle]	***A STUDY OF NASYAKARMA WITH SPECIAL REFERENCE TO SHIRO ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. U.N. Prasad.
7	[NmeGuide]	Dr. C.P. Chapannamath
8	[NmeCoGuide]	Dr. C.P. Krishnamurthy.K
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10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Shiroroga requires immediate treatment and the selection of line of treatment should be such that it should reach shiras directly and should bring about palliation of disease within short period. So Nasyakarma is the treatment of choice in Shiroroga. Among Shirorogas, Sooryavarta is the most common type met within the out-patient department. Bearing this idea in mind current study was undertaken to evaluate the efficacy of Nasyakarma in Sooryavarta. For the purpose of Nasyakarma 21 times medicated Ksheerabalataila and Apamarga-beejachurna were selected. Out of 20 patients selected, 10 were experimented with 21 times medicated Ksheerabala taila and 10 patients were tried with Apamarga-beejachurna. The dosage of Sneha nasya was 0.5 ml. for Pradhamananasya. 100 mg. of Apamaraga-

beejachurna was taken. Relief of the symptoms and X-ray (PNS) were taken as parameters to assess the efficacy of medicines tried. Follow up was done carefully.

The observation of the study included etiological factors and nature of clinical presentation. It was observed and recorded that Sooryavarta occurs largely in the patients of age group between 25-50 years. Katu aharasevana, Dhoomapana and anabhyanga are the important causative factors for Sooryavarta. Nasyakarma proves to be a beneficial treatment for Sooryavarta. Apamarga churna nasya is more effective than Ksheerabala taila nasya. Temporary cessation of Shirashula was observed after Nasyakarma in the patients who did not obtain permanent relief. It can be concluded that in acute condition Nasya can be used to reduced intensity of pain. Sooryavarta can be easily relieved by Nasya karma chikitsa.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	40B
4	[ArtTitle]	***ARDHAVABHEDAKA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. B.V. Seshadri
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	Dr. N. Anjaneya Murthy
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	40 patients suffering from Ardhavabhedaka between age group of 21-40 years were selected and divided into 4 groups. Group – A 20 cases were given Laghu soothashekara rasa 125 mg. – 2 tab T.D.S. for 30 days without Shodana chikitsa. Group-B with 5 cases were given Laghu soothashekra rasa after Virechana with Eranda Taila. 5 cases of Group – C were given Virechana followed by Nasya with Anutaila for 7 days. 10 cases from Group-D were treated with Virechanika Nasya with Anutaila for 7 days. 10 cases from Group-D were treated with Virechanika Nasya with Anutaila for 7 days repeatedly. Out of 40 cases taken 19 got cured 18 were improved and 3 cases showed no improvement. In Group –A containing 20 patients, 8 got cured, 9 improved and 3 showed no improvement. In Group –B: 2 got cured, 3 were improved.

In Group –C: 4 got cured, 1 patient was improved.

In Group – D: 5 patients were cured, 5 patients were improved.

This proves that Shamana with Laghu soothashekara rasa after Shodhana has beneficial results compared with shamana.

The combination of kayavirechana and shirovirechana has a definite impact on the disease in eradicating it.

By this study it was conducted that Laghusoothashekara rasa after virechana is good. The nasya kasma by anu taila is better and nasya karma done after kayavirechana is the best.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	11
4	[ArtTitle]	***CLINICAL MANAGEMENT OF PALITHAM (GREY HAIR) WITH BHRINGARAJA THAILA NASYAM AND KASISA BHASMA INTERNALLY***
5	[ArtEqEng]	
6	[NmeScholar]	S. Sunil Kumar
7	[NmeGuide]	Dr. T. Sripathi Rao
8	[NmeCoGuide]	Dr. C. Srinivasulu
9	[Dept]	Department of Shalya Shalakya & Prasuti Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1993
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalakya
17	[AnyOther]	
18	[Abst]	Palithya or Premature Greying is predominantly a cosmotic problem with this in view it was taken up for clinical trials. Clinical patients were divided into group 'A' & 'B'. Group 'A' was treated with Bhringaraja taila Prathimarsha Nasya and Group 'B' with Bhringaraja taila Prathimarsha Nasya along with Kasisa bhasma orally. It is observed that: 1. The Palithya is highly predominant among males in the age of 15-25 years, more in students and employees who are in the habit of straining in reading. 2. New causative factors such as Sirasnanam with borewell water and with shampoos, smoking and madyapana have come to light.

3. The causative factors enshrined in Ayurveda such as peenasa, shrama, shoka and sirasnanam without oils etc. are frequently found but causes like ati lavana sevana etc. are found rarely.
4. Bhringaraja taila Prathimarsha Nasya with internal use of Kasisa bhasma (Group 'B') gave better results than Bhringaraja taila Prathimarsha Nasya alone in Group 'A', suggesting the role of nutrition in maintaining the health of hair.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	20
4	[ArtTitle]	***CLINICAL MANAGEMENT OF TUNDIKERI WITH HARIDRADI PRATISARANAM***
5	[ArtEqEng]	
6	[NmeScholar]	Madiraju Venkatarama Subramanyam
7	[NmeGuide]	Prof. T. Sripathi Rao
8	[NmeCoGuide]	Dr. K.V.S. Prabhakaram
9	[Dept]	Department of Salya Salakya & Prasuthi
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya
17	[AnyOther]	
18	[Abst]	It is observed that the age group 5-9 years (43%) are much more getting Tundikeri than other groups. It is found female(67%) are more in number than males (33%) who are suffering from Tundikeri. Non Vegetarians (63.3%) are more prone to get Tundikeri. All patients complained of vedana (100%). 97% of patients complained daha and 73% of patients complained Jwara. All most all patients having shodha, paka and arunavarna yukta tundikeri (100%). A large number of patients suffered for several times from this disease (77%) and only little number of patients (23%) get this disease for the first time.

On follow up many of the patients informed that they did not suffer from tonsillitis except for little amount of Shodha and that their general health was very much improved. This is observed in the group of patients who were subjected to internal as well as local treatment.

Tundikeri (chronic Tonsillitis) found to be focus and nidus of infections of vital organs of the body is taken up for simple and safe medical management as enunciated in Ayurveda with Haridradi Pratisarana and orally Sitophaladi and other group of drugs (DETONSY).

The results are encouraging irrespective of the frequency of previous attacks, sex and age. This apart the patients felt more comfort with the type of management much more so by the treatment lasts for seven days only.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	89B
4	[ArtTitle]	***CLINICAL STUDY ON THE EFFECT OF BRIHMANA NASYA AND SHAMANOUSHADA IN ARDHAYA BHEDAKA WITH SPECIAL REFERENCE TO MIGRAINE.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. S. Geetha.
7	[NmeGuide]	Dr. N.A. Murthy
8	[NmeCoGuide]	Dr. Shalini.C. Eli
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	It is an observational study and 22 cases from the age group of 10-50 years were selected in which 45.71% were males and 54.28% were females. Patients were subjected for diagnosis of migraine both common and classical (Anonymous, 1992) based on the questionnaire developed (John pattern, 1995) and I.H.S. (International Head ache society) criteria for primary headache disorders (R. Peatifield, 1992) integrated with Ardhavabhedak quoted in Ayurvedic literature. The treatment includes Brimhana Nasya with Mahamasha Taila 6-6 drops in each nostril in morning hours for 7 days along wit6h tab. Vitessan 1 t.i.d. with hot water. Each patient

received 3 courses of Nasya treatment with an interval of 2 weeks based on the frequency, severity index and duration index.

Brihmana Nasya and Vitessan tablets are useful in reducing the frequency, duration of attacks as well as the severity of the disease significantly.

This study has shown that the definition the etiopathogenesis and symptom complex of Ardhavabhedaka and migraine are similar.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	140
4	[ArtTitle]	***EFFECT OF PUNARNAVA ON INTRAOCULAR PRESSURE***
5	[ArtEqEng]	
6	[NmeScholar]	SHARMA, SHUSHIL KUMAR
7	[NmeGuide]	K.R Sharma, H.V. Nema
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present study is aimed to fine out a drug which is nontoxic, safe and easily available in the management of glaucoma to reduce Intra ocular pressure (IOP). The experimental study was made on normal eyes of rabbits & both types of preparation, oral and topical, were used to find out their relative effect and the side effect or toxic effects. For oral administration Ghansatva of the drug was given & for topical use 4% of Ghansatva was given in aqua. The oral administration of drug had a prolonged and sustained action as compared to its topical use. On this specific finding only oral administration of drug was used in clinical cases. The clinical study was conducted on 54 cases of chronic simple glaucoma. Two groups were made, Group I, as control was treated with Acetazolamide and to Group II, treated group,

250mg. of Ghansatva QID was given for 60 days. The follow up was made at an interval of 15 days for two months. During this period no treatment was given.

It has been seen that Acetazolamide has better effect on controlling the increased I.O.P. but its effect is short lived and is not free from complications. On the other hand Punarnava shows a slow but sustained effect in reducing the I.O.P. and its effect continued for a longer period, even after the drug was stopped. Thus, Punarnava has certain advantage to score over the conventional treatment of Acetazolamide in the treatment of chronic simple glaucoma.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	6
4	[ArtTitle]	**MANAGEMENT OF DUSHTA PRATISYAYA WITH SHADBINDU TAILA NASYAM**
5	[ArtEqEng]	
6	[NmeScholar]	DR.SHAIK MAZHARULLAH
7	[NmeGuide]	Dr. T. Sripathi Rao
8	[NmeCoGuide]	Dr. K.V.S. Prabhakaram
9	[Dept]	Department of Salakya
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya
17	[AnyOther]	
18	[Abst]	From the study, it was concluded that, males in the age group of 20 to 40 years are prone for Dushta Pratisyaya rather than females. In order of priority, the most complained symptoms are Sirasoola, Siro gauravam, Nasa kledata / Sushkyata, Nasa anaha/ Vivruta and Nasa Mukha durgandhata, which correlates with the symptomology of Sinusitis. All the patients were carried out with haematologal investigations i.e. T.C, D.C, and E.S.R. before and after the treatment. The use of "Shadbindu Taila" as Nasya in Dushta Pratisyaya is benificial.

Administering "PIPPALI" with honey internally for 10 days along with Shadbindu Nasya was found to be more advantageous in Dushta Pratisyaya. Proving that Rasayana prakarana must be associated with Nasya karma in Jatroordhvagata Roga.

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4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	17
4	[ArtTitle]	***MANAGEMENT OF PRATHISYAYA WITH MAREECHA DHOOMANA NASYAM***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K.Venakata Krishna
7	[NmeGuide]	Dr. I.V. Prahlad Rao
8	[NmeCoGuide]	Dr. C. Sreenivasulu
9	[Dept]	Department of Shalya Shalakya & Prasuthi
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalakya
17	[AnyOther]	
18	[Abst]	Prathisyaya is the Commenest disease which is experienced by almost all people in all seasons. It can be correlated as rhinitis (or) common cold. It is an important disease because if it is not treated properly it may lead to Karna, Nasa, Mukha, Sirorogas, causes Bhadhiryam (deafness), Mookhatwam (Mute), andhatwam (blindness) and allied (23) rogas. On the counter part also pharyngitis, laryngitis, tonsillitis, Eustachian catarrhal, Otitis media and all other upper respiratory tract infections are due to cold (or) Rhinitis itself. The Nidana of Prathisyaya are also had got special importance. Though the numbers of nasa rogas are mentioned as 28, no specific Nidana was mentioned for them. The Nidana of Prathisyaya is same for the rest of the other 28 diseases also.

As for Susruta the Nidana mentioned is like 1. Nareeprasanga 2. Siroabhitapam 3. Dhooma rajo sevanam 4. Athi sheeta 5. Atapa sevana, where as the modern counter part are allergy and virus infections are the causative factors.

Regarding Nasa Sareeram references are available from the empryological development to perception of smell trauma to the nasa, dhamani causes gandha agranatwam (Anosmia).

According to classification prathisyaya is of '5' types i.e., Vataja, Pittaja, Kaphaja, Sannipataja and Raktaja.

To manage prathisyaya a drug with particular technique which was classical was considered in this trial Dhomana nasyam is the technique and Mareecha is the drug which is Vata Kapha hrasam due to Katurasa, Katu vipaka and Ushna veerya. Here the technique is second to none so also the drug. Administering Yasti internally for 7 days has proved more effective to the above treatment for as it is required to have Rasayana Karma for Prathisyaya.

In this trial 30 patients are selected at random and divided into two groups treatment was for 7 days and follow up was for one month. The disease is found equally in males and females more in the age group of 21 to 40. The prevalence of disease is seen more in industrial workers than white colour people and the disease also more prone in mixed diet people.

The response of Dhoomana Nasyam with Mareecha with and without yasti proved to be effective without any side effects and reactions. But the difference is observed in follow up i.e., reoccurrence is observed in Dhoomana Nasya where as reoccurrence is not observed whom along with Yasti choorna during the one month follow up.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	5
4	[ArtTitle]	***MANAGEMENT OF SIROSOOLA WITH ANUTAILA NASYAKARMA***
5	[ArtEqEng]	
6	[NmeScholar]	Mysa Sundaraiah
7	[NmeGuide]	Dr. T. Sripathi Rao
8	[NmeCoGuide]	Dr. C. Srinivasulu
9	[Dept]	Department of Salya Salakya & Prasuthi
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya
17	[AnyOther]	
18	[Abst]	Sirah Soola has been treated with Nasya karma with Anutailam along with Sirah Sooladrivajra ras orally in group 'B' while group 'A' with Anu taila Nasyam only. The cure rate is almost equal in both the groups 53.33 % while rate of improvement was more in 'B' group 46.27% while in group 'A' 33%. It can be concluded that Nasya karma alone can be of out most importance in clinical approach in management of Sirah Soola. It is noted that female group is predominating in the incidence of disease much more with Kaphaja variety. It can be noted that the Dosaja Sirah Soola is more common (60%), cure rate is also proportionately encouraging.

Symptom wise the Lalata pranatha soola is more common than the Shanka prantha, the least soola area is Hanu pranatha. After treatment the symptoms controlled at same level in all symptoms.

Persons of mixed and irregular dietary habits are more prone.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	12
4	[ArtTitle]	***MANAGEMETN OF BRISHAM KSHAVADHU WITH PRADHAMANA NASYAM WITH OR WITHOUT SIROVASTI***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.B.Venkatram Naik
7	[NmeGuide]	Dr. T. Sripathi Rao
8	[NmeCoGuide]	Dr. C. Srinivasulu
9	[Dept]	Department of Shalya-Shalakya & Prasuti
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1995
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalakya
17	[AnyOther]	
18	[Abst]	Patients of Brisham Kshavadhu were selected because of its measuring incidence in urban areas, for clinical trails with a simple safe, scientific and successful treatment called Nasyakarma, the treatment of choice in Shalakya. The medicine used is a compound containing Nimba twak, Katphala, Kushta, Maricha. It is used on 30 patients among whom 15 patients are also subjected to Sirovasti with Tila taila for a comparative study for 7 sittings and followed for two months. This clinical study reveals the following facts: 1. The Brisham Kshavadhu was found highest among the age group of 26 to 50 years (70%).

2. Students and Housewives suffered most 76%.
3. Season wise the disease was found most throughout the year (40%) , the next highest being in rainy season (37%) and Esoinophila was least found in summer and chronic cases.
4. The treatment was found most effective with Nasyakarma where the frequency of sneezing ranged from 11 to 30.
5. As per lakshanas nasal irritation and sirovedana were found uniformly among all patients, while adhmanam was found least.
6. In all most all the patients the pH of the nasal secretion was found around 11 which was reduced to 7 after treatment with Nasyakarma as well as Nasyakarma with Sirovasti.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	27B
4	[ArtTitle]	***PRATISHYAYA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. P. Latha
7	[NmeGuide]	Dr. K. Krishnamurthy
8	[NmeCoGuide]	Dr. S.G. Mangalagi
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Thirty patients clinically diagnosed to be suffering from Pratishyaya were selected for the study. The study was conducted in 3 different groups. Each consisting of 10 patients. 1st Group of patients were administered with Chitraka Hareetaki Lehya only. IInd group of patients were administered with only Anutaila Nasyakarma. IIIrd group of patients were administered with both Chitraka Hareetaki and Anutaila Nasyakarma. In first group 6 patients have got cured, 2 patients have shown improvement and remaining 2 patients showed no response. In second group 6 patients have got cured, 2 patients have shown improvement & in other 2 patients there was no improvement. In third group 5 patients got complete cure and in other 5

patients clinical improvements were seen.

Totally 26 cases out of 30 cases responded well to the treatment. 53.3% of the patients got complete cure. 30% of the patients got improvement. 13.3% of the patients showed no response.

In this study, both Chitraka Haritaki Lehya and Anutaila Nasya had proved as beneficial in Pratishyaya. It shows good response by the combination as compared to its being administered singly.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	39
4	[ArtTitle]	***EFFECT OF BARK AND SEEDS OF SHIRISHA (ALBIZZIA LEBEC) IN ALLERGIC RHINITIS – A CLINICAL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Y.Sucharitha
7	[NmeGuide]	Dr.V.G.Neginhal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The patients were diagnosed based on the positive reaction the skin prick test (SPT) for the crude extract of parthenium pollen. 2 groups A&B were administered with bark and seed tablets respectively. Dosage 2 tabs of 500 mg. thrice daily with water for 30 days for Group A, Group B one tablet thrice a day of 500 mg. all the patients were investigated for subjective parameters, total count of WBC and differential count of blood cells. The percentage of the reduction of the symptoms were more in seeds than in the bark.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	43B
4	[ArtTitle]	*SINUSITIS AND ITS MANAGEMENT IN AYURVEDA*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K.T. Lakshmi
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	50 patients were taken for the study and were divided into 3 groups. Group A with 10 patients were treated with Nagaguti 2 tablets with Nagavalli Rasa as Sahapana for a period 1-3 weeks on empty stomach. Group B consisting of 20 patients were treated with Snigdha Taila Vairechnika nasya for 7 days with a dosage of 6 drops. If necessary 3 courses were followed with a gap of 3 days. In group C the combined therapy was done for duration of 30 days. **Results :** Nagaguti cured 10 patients. Nasyakarma cured 10 patients & 1 patient improved. Combined therapy cured 16 patients, 4 patients not cured. Though these therapies are effective individually the combined therapy was more beneficial. The duration of 30 days proved to be insufficient in chronic case of sinusitis.

1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	69
4	[ArtTitle]	***SURYAVARTA AND ITS MANAGEMENT BY NASYA KARMA***
5	[ArtEqEng]	
6	[NmeScholar]	Satyendra Kumar
7	[NmeGuide]	Dr. R.K. Misra
8	[NmeCoGuide]	Dr. R.C. Pant
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1989
13	[EnNo]	L 78/22356
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	

18 [Abst]

The work titled as SURYAVARTA AND ITS MANAGEMENT BY NASYA KARMA has been carried out in view to assess the scientific value of NASYA KARMA in patients suffering from SURYAVARTA. The whole of the work comprises of –

REVIEW OF LITERATURE:

This portion of study includes the review of literature systematically documented in Ayurvedic samhitas including consideration information regarding SHIROROGAS, specially the disease SURYAVARTA. Different aspects of SHIROROGAS, i.e., viewly different authors the existence of this disease, its NIDAN, clinical signs and symptoms detailed treatment with special emphosis of DOSIC involvement and the specific role of NASYAKARMA has also been dealt in a detail. The review of based on the similarity of symptoms.

The another part of the literatures on modern ground has also been reviewed and the description of a disease known as frontal sinusitis has been found to be very close to SURYAVARTA reviewed in Ayurvedic literature.

THE DRUG REVIEW:

This section of present study offers detailed information about the importance of various drugs used for the successful management of SURYAVARTA. In accordance to authentic Ayurvedic literature. It also attributes the indications of the drugs used in this study for a successful and safer management. There collections, preparation, dose schedule, mode of administration has also been in illustrated.

The drugs used in this study were GODANTI COMPOUNDS, KATAPHALA NASYA and IRRMEDADI TAIL prepared on the guidelines of Ayurvedic Text.

CLINICAL STUDY:

The clinical study was conducted in 24 cases identified as SURYAVARTA and after dividing tow groups for comparative study in relation to GODANTI COMPOUND and KATAPHALA NASYA. And their results were assessed. The clinical study could highlights some facts come up during observation. The SURYAVARTA was found to affect mostly to the services class and house workers females especially of urban areas. The commenest age group affected with this disease was 21 to 40 years. Hence appears as a disease of young adult life. Neither dietary habits nor any type of addition have been observed to have influence in causing SURYAVARTA. Disturbed APANVAYA was noted to have close relationship with SURYAVARTA (Frontal Sinusitis). The most common presentation of disease had been in the form of morning rise frontal headache and or tenderness over the affected Sinus.

Nasal discharge, vertigo, Epiphora and temperatures have been noticed to be the common associating symptoms.

GODANTI COMPOUND alone also helps in providing relive to the patients from the symptoms but with slower rate in contrast to the KATAPHALA NASYA administration. KATAPHALA NASYA if given combined with GODANTI COMPOUND offers significantly high cure rate.

The follow up of the patients was found to be easy in cases treated with KATAPHALA NASYA, because of the early relief in symptoms. This point in no way is less important as the follow up in such remain ambulatory and don't take their problems seriously until the complications occurs. The patients receiving the medications reported no side effects except that of mild self limiting diarrhoea and Sore throat in one case only. Now on the bases of above clinical study the conclusion is drown that the KATAPHALA NASYA- administration provides a superior significantly effective and safer remedy of SURYAVARTA without causing unwanted adverse effects.

It is here being suggested that all the cases complaining morning rise frontal headache, epiphora, nasal discharge vertigo with varying degree of temperature and tenderness over the frontal sinus should identified as SURYAVARTA and become treated by KATAPHALA NASYA administration and GODANTI COMPOUND orally in calculated doses. Since the KATAPHALA NASYA administering appears significantly effective in SURYAVARTA. And SURYAVARTA has been classified under the heading of SHIROROGAS; therefore KATAPHALA NASYA administration also forms its strong indication in other disease occurring in Head (uttamang).

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	95B
4	[ArtTitle]	***THE EFFECT OF NASYAKARMA ON DUSTA PRATISHYAYA.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.M.D.Totad
7	[NmeGuide]	Dr.R.P.Hosmath
8	[NmeCoGuide]	Dr.Ashok.D.Satpute
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Dishta pratishyaya has become a major problem. Though in contemporary sciences, we find almost obscure measure medicinally to manage Dushta pratishyaya. The present study was formulated to evaluate the effect of "pathadi taila" Nasya in patients suffering from Dushta pratishyaya. In Charaka Samhita 26th chapter of Chikitsa Sthana it is described that Pathadi Taila navya is very use full in Dushta pratishyaya. This study was under taken to evaluate the efficacy of pathadi taila nasya and nilsin capsules. Nasya karma was adopted for 7 days and nilsin capsules served as control which containing 80mg of nagaguti, 100 mg of maha sudharshanachurna, 30mg of vahca, 30mg of sitapaladi churna and 20 mg of kosta kulinjaha.

The definition, Aetiology, signs & symptoms complications of Dushta pratishyaya correlates to chronic allergic maxillary sinusitis.

It is a single blind controlled study with pre test design. Fifty cases of both sexes between the age group of 10-60 years with primary diagnosis of dushta pratisyaya were sampled in to two groups. Panchakola churna was given for amapachana purpose for both the groups 3 days. The control group received oral administration of nilsin capsules 2tds for 14 days with hot water. Where as the "Test group" received pathadi taila nasya karma therapy for 7 days followed by nilsin capsules 2tds for 14 days. Criteria for diagnosis and assessment were signs and symptoms. Haematological readings & radiological findings. These criteria were made before and after he treatment.

The observations of the study include the epidemiological and etiological features of the disease. Observation also includes involvement of doshas in the patients. The prakruti satva, and such factors from the ayurvedic perspective.

It was observed and recorded that the Dushta pratishyaya is correlated to chronic maxillary, sinusitis (allergic origin) and Dushta pratishyaya more in urban area. Kapha vata prakruti patients were much victims to this disease.

The different assessments of both the groups were subjected to students "t" test with paired and unpaired methods.

A favorable response was observed in both groups. It is observed that in "Test group" 80% of Dushta pratishyaya patients were cured and 20% of Dushta pratisyaya patients were improved.

In control group 60% if D.P patients were cured, 20% of D.P. patients were improved and 20% of D.P. patients were not improved.

This shows the "Test group" is having more result than that of control group. A percentage reduction, easily response and prolonged action shows that the nasyakarma therapy has a possible significant role to play in the management of dushta pratishyaya.

Statistical analysis of mean signs & symptoms, hematological values, & radiological observations were assessed in both the groups.

It is observed that the significant responses were obtained in both the groups. But the "P" value is highly significant (i.e., less than 0.001) and was observed in "Test group" i.e. (in pathaditaila nasya karma therapy).

It was concluded that D.P. correlated with chronic maxillary sinusitis & Pathoditaila Vairechanic Nasya is very useful in D.P.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	24
4	[ArtTitle]	***A STUDY ON ARMA AND ITS MANAGEMENT WITH SHANMAKSHIKA VARTI***
5	[ArtEqEng]	
6	[NmeScholar]	V. Sushama
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.Sankaran Nair
9	[Dept]	Department of Netra (Salakya)
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya – Netra roga
17	[AnyOther]	
18	[Abst]	Arma (pterygium) is a disease in which sclerocorneal parts of the eye are affected. It may be either due to degenerative conditions or infections .Generally Arma requires no treatment (if it is not produced secondary to any other conditions such as neoplasms) till it creeps over the cornea to cause visual disturbances. In modern Ophthalmology surgical treatment is inevitable for Arma. In Ayurveda too the surgical procedures have been mentioned, along with medicinal remedies. The aim for selecting this topic is to find out drug therapy for Arma. In the clinical studies 40 patients were selected in an equally divided categories control group and treated group. The cases of Arma originated from the lateral canthus are 20 in number and form the medial canthus is also 20 in number. Among the 40 cases the incidence of

Shonitarma was found high. Shanmakshika varti is used for treated group and in control group the drugs which are claimed to be acted on Arma, such as Elaneer – kuzhambu are used along with internal medication. It is seen that Shanmakshika varthi is an effective remedy for Arma. The results obtained with Shanmakshika varthi are higher than others, due to its underlying lekhana property. This varthi intervents the surgical therapy which is some what essential in the management of Arma Roga.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	74
4	[ArtTitle]	***CLINICAL STUDY ON THE EFFECT OF CHANDRAPRABHAVARTI IN THE TREATMENT OF ARMA (PTERYGIUM)***
5	[ArtEqEng]	
6	[NmeScholar]	Debendra Kumar Sahu
7	[NmeGuide]	Mrutyunjaya panda
8	[NmeCoGuide]	
9	[Dept]	Department of Shalakya
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	2001
13	[EnNo]	17/99
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Thirty (30) patients of well developed Arma were selected and registered according to the selection criteria. "Chandraprabha varti" the trial drug prepared in due procedure and is selected for the clinical study and described vividly in the thesis. The trial medicine was given to 30 no. of patients and the effect was compared with clinical findings before and after treatment. A detail of clinical study in each individual patient is recorded in the research proforma and observations were made by tabulation and statistical analysis. After statistical analysis all the observations were discussed with reference to the effectiveness and judicious explanation were placed.

Statistical analysis showed that the trial drug was significantly effective to reduce the breadth, area & thickness of arma with p value < 0.001. But clinically we have observed that 81.25% of the patients got mild improvement.

From the above clinical and statistical analysis it may be concluded that the application of "Chandraprabhavarti" would have been used for a longer period with more frequently then the schedule time, the results might be more effective. Hence, it may be concluded that the treatment may be given for a longer period for better result.

The present work though is not a milestone in the field of research in ophthalmology, it emits a small ray of hope for those who are engaged and dedicated for the benefit of Ayurveda particularly on Shalakya tantra.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	7
4	[ArtTitle]	***CLINICAL EVALUATION OF HARIDRA IN ABHISHYANDA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K.V.S. Prabhakaram
7	[NmeGuide]	Dr. C. Srinivasulu
8	[NmeCoGuide]	
9	[Dept]	Department of Shalakya & Prasuti Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalakya
17	[AnyOther]	

18 [Abst]

Eye is the most important sensory organ externally covered by conjunctiva the transparent mucous membrane, vulnerable to wear and tear easily. Anatomically conjunctival epithelium will be continued with that of cornea. Conjunctivitis may infect individuals and may occur as sporadic also. It was the disease causative for other Netra Rogas. It can be correlated as conjunctivitis of modern medicine. Conjunctivitis is mainly due to bacterial infection manifested by inflammatory signs and symptoms of conjunctiva.

Haridra, indigenous drug freely available, having proven anti inflammatory and anti allergic activities is considered for the work. Curcumin in the coloring material of turmeric was extracted by Soxhlet's apparatus with benzene, made sodium salt of 2% drops with 7.5% pH, used in the patients with precautionary instructions (in treated group) and Framycetin 5% drops are in control group. Patients are instructed to pour drops in both eyes 5 to 6 times a day for 5 days and improvement is recorded in case sheet. Conjunctival discharges are cultured before and after treatment and improvement was assessed on the basis of relief of symptoms in terms of cured, improved and not cured based on improvement in clinical status of the disease.

27 cases of Abhishyanda are studied, out of which 20 in treated and 7 in controlled group. 5 cases of Vata, 10 of Pitta, 11 of Kapha and 1 is of Raktaja are encounted in study. Out of 5 cases of Vata pre- dominance. 3 cases in treated group and 2 cases in control group. Out of 10 cases of Pitta predominance, 9 cases are in treated group and 1 case in control group. Out of 11 cases of Kapha dosha predominance, 8 are treated group, 3 cases in control group are studied. 1 case in Raktaja predominance did not turned up. The drug showed good response in Vata and Kapha doshas, comparatively less in Pitta dosha. All the cases in Vataja responded on 2nd day itself, Kaphaja before 4 days and in pittaja involvement in 1 case complete response is not achieved.

In treated group no side affects discomfort or aggrevation observed, whereas in control group in 1 case aggrevation of symptoms observed.

The bacterial reports (culture of conjunctival discharges before and after treatment was done as a parameter) revealed presence of E.coli in 8 cases St. aerus in 6 cases, Klebsella in 3 cases and Pseudomonas in 2 cases and sterile in 8 cases. The response of Haridra in E. coli and Stepcoccus is good including klebsella but less in pseudomonas. In control group klebsella infection aggrevation of symptoms were observed, may be due to side effect of the drug.

The above study reveals that Haridra is the safest and effective drug. It can be used in all the situations of inflammation, allergy and infection. In the present study as eye drops in Ophthalmic use in Abhishyanda gives support to the fact that Haridra is effective in conditions of Vataja, Kaphaja and Pittaja

Abhishyanda where pain, foreign body sensation, headache, heaviness, oedoma with discharge, redness and burning sensation exists & infections of B. Coli, St. serus, Klebsella more effectively than paeudomonas. An Aschotana karma or eye drop is the best, safest method of treatment or procedure adopted for domestic use, mentioned in text irrespective stage of dosha.

Curcumin extracted from Haridra considered in the work, of its phenolic nature requires no preservative and being it used an sodium salt, requires no sterilization.

Based on the observation of present study it can be concluded that:

1) Based on symptomatology that Abhishyanda as conjunctivitis though there is no anatomical description of conjunctiva available in classical ayurvedic text.
2) Abhishyanda and Conjunctivitis are mentioned as contagious in both the systemic though it may infect individuals due to environmental factors.
3) Review of literature in the present study reveals that preventive and curative aspects and their importance is equally stressed in both the systems of the medicine of the disease.
4) Haridra is an indigenous drug choice, in management of Abhishyanda of fact of its proven anti inflammatory and anti-allergic activities.
5) Review of literature indicates that use of Haridra in contagious diseases is from the beginning is well known.
6) In the present study Haridra a eye drops in Abhishyanda revealed it is more effective in Vataja and Kaphaja abhishyandas.
7) It is observed Haridra is comparatively less effective in Pittaja Abhishyanda.
8) Haridra is found more effective in control of E.coli, St.aereus, Klebsiella.
9) Haridra is found less effective in infection of Pseudomonas.

10) Use of Haridra as eye drops in conjunctivitis with Aschotana karma is enumerated in our text.

11) Preparation of drops is based on the modern pharmacology. Commonly Ayurvedic preparations as involve the usage of total raw drug as based on total drug therapy. Consequently the dosage of the drug will be increased when compared the pure drug. So, Haridras active component curcumin is extracted, made sodium salt and prepared drops (Curcumin, phenolic in nature requires no preservative and it being sodium salt no sterlisation required).

12) Aschotana karma is observed as safest and easiest mode of administration indicated irrespective of doshic stage.

13) The drug showed no side affects or aggravation symptoms while in control group aggregation symptoms is observed. Hence it can be said that Haridra is a safe, economic and effective drug of choice in management of Abhishyanda and an alternative to antibiotics.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	17A
3	[SlNo]	1
4	[ArtTitle]	***CLINICAL STUDY OF POTHAKI (TRACHOMA) AND ITS MANAGEMENT BY CHANDRODAYA VARTI***
5	[ArtEqEng]	
6	[NmeScholar]	H.J. Mankodi
7	[NmeGuide]	Kulwant Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Netra Roga
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Netra Roga
17	[AnyOther]	
18	[Abst]	From the time immemorial the scientists have been working hard to make man's life free of disease. TRACHOMA tops the list of ophthalmological disorders. Hippocrates has also described the disease in detail. In the Ayurvedic literature Pothaki has been considered as a KAPHAJA ROGA whereas in modern science the disease has been considered into four evolutionary stages and the treatment too has been described on the basis of particular stage. Until and unless the disease reaches the fourth stage, the surgical interference has strictly been prohibited. Moreover, in the fourth stage too, surgical interference has been discouraged because of bad post surgical consequence. In this way, the modern approach to this disease has more or less uncertainty

to cure the disease. Therefore, necessity has been felt to find out some simple, at the same time an effective drug as a remedy of this disease.

All the six classical signs and symptoms described in Sushruta samhita were found in seven patients, where discharge was present in all the 26 cases, itching in 23 patients, heaviness in 21 patients, redness in 25 patients and pain in 20 patients.

Out of the total study of 26 cases, 14 were males and 12 were females and 1 female was in between the age of 30 and 40 years. Three males and 2 females were in between the age of 40 and 50 years 2 male and 3 females were in between 20 and 30 years of age.

One male and 5 female were in between the ages of 10 and 20 years. One male was below 10 years whereas 1 male and one female were in between the ages of 50 and 60 years.

Out of 26 patients, discharge was found less in quantity within 25 hours to 48 hours after starting Chandrodaya Varti treatment in 15 patients, whereas other patients got rid of discharge within a week.

Itching: At the time of registration, out of 26 patients, 23 had the complaint of itching alongwith other complaints; and after giving the treatment, the itching became less in severity in most of the patients.

Heaviness: Heaviness was found in 11 cases out of 26 cases, 10 cases were found free from the trouble after a week treatment.

Redness: In most of the patients, the redness remained persistent for more than a week during the application of Chandrodaya Varti and afterwards it was found absent.

Follicles: Like redness the response of follicles to Chandrodaya Varti treatment seems to be delayed as the follicles started to disappear after two weeks of treatment.

Pain: Patients having pain also responded after a week treatment. Out 26 patients, 18 patients were completely cured, whereas marked improvement was found in 4 patients and no change could be observed in 4 patients.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	111
4	[ArtTitle]	***COMPARATIVE EVALUATION OF THE EFFECT OF SAPTAMRITA LAUHA AND YASHADA BHASMA ON REFRACTIVE ERRORS***
5	[ArtEqEng]	
6	[NmeScholar]	C. Srinivasulu
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	In Rasarnava, Yasada is described as Chakshusya and in Rasa Ratna Samuchaya, Saptamruta Lauha is mentioned for various eye disorders. This provoked to select these two drugs to study in refractive errors with all diagnostic procedures by oral medication. Production of refractive errors in animals is a controversial topic. For clinical study 50 patients having myopia, hypermetropia and simple astigmatism were given the drugs 250mg twice daily in capsule form separately. All patients were screened periodically and their dioptric levels were noted. Visual acuity, improvement and adverse effects were followed up.

The work concludes that the Yasada bhasma results are much higher than Saptamruta Lauha in all types of refractive errors except Hypermetropia. Patients of younger age group showed definite improvement in visual acuity.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	50
4	[ArtTitle]	***CORNEAL WOUND HEALING UNDER THE INFLUENCE OF CERTAIN INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Chandra Pal
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1967
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	

18 [Abst]

The problem of corneal ulcer is still a challenge to medical science Susruta has described 'Sabran shukra' as corneal ulcer with its symptomatology, pathogenesis, prognosis and principles of management. Corneal wound healing by the influence of indigenous drugs is the matter of study here.

Two drugs selected were the decoction of Daruharidra and solidified extract of Jati. Seven types of different experiments were carried out with treatment of drugs, of which 6 were on rabbits and one on rats by producing different types of corneal ulcer by trauma and chemicals. Methods of assessment adopted were mainly 1. Gross examination, 2. Tensile strength, 3. Contraction, 4. Histology.

Berbeis aristata may be used in easily stages of ulcer as a prophylactic to avoid complications. Jasminum auriculatum was observed to be an acceterat of corneal wound healing. Prospect of combined use of two drugs in corneal ulcer is fair.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***"TO STUDY THE EFFICACY OF HARIDRA CHOORNA PRATISARAN IN THE GALASHUNDIKA VYADHI".***
5	[ArtEqEng]	
6	[NmeScholar]	Jagtap P. R
7	[NmeGuide]	Dole R.G.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF SHALAKYA TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Master of Surgery)
17	[SubStudy]	**Clinical Research**
18	[AnyOther]	
19	[Abst]	

Keywords : *Haridra Churna, Galashundika, Pratisaran, Warm Saline, Gargles*

Background and Aim :

Galashundika is a common disease which shows, Kapha prakopa & Rakta dushti at Talumoola. This dushti leads to Shopha, Kantha-avarodha & Trisha, Aaraktata, Shushka Kasa, & vomiting sensation.

1. To study the Galashundika Vyadhi and Uvilitis

2. To study the efficacy of warm saline gargles in Galashundika Vyadhi.
3. To study the efficacy of Haridra Choorna pratisaran in Galashundika Vyadhi.

Methodology :

Comparative study was conducted in 2 groups of patients suffering from symptom of Galashundika - 30 patients each.One Muchuti (125 mg approx)Of Haridra Choorna. was kept On Tip Of Tongue, Depressed And Rubbed On the Uvula.

The Treatment Period Was For 7 Days for each group.

Trial Group -

Haridra Choorna Pratisaran ones daily.

Control Group - 30 Patients

Warm Saline Gargles three times daily.

Results :

Symptoms of galashundika reduced by the Haridra Churna Pratisaran effectively than warm saline gargles.

Interpretation :

1) Galashundika is a common Vyadhi in all age groups from 10years to 55years in all season.
2) Use of ***haridra Choorna pratisaran*** **also effective** in tivravastha of Galashundika.
3) Recurrent attacks can be reduced by Haridra Choorna pratisaran and has better results than warm saline gargles.
4) Local treatment along with systemic treatment will give result faster than only with local treatment.

It can be done on O.P.D. basis and does not need assistance.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY THE EFFICACY OF TRIPHALA KWATH ASCHOTAN IN THE MANAGEMENT OF ACUTE CONJUNCTIVITIS"***
5	[ArtEqEng]	
6	[NmeScholar]	Chavan P.V.
7	[NmeGuide]	Valhavankar C.K
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF SHALAKYA TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Master of Surgery)
17	[SubStudy]	**Clinical Research**
18	[AnyOther]	

19 [Abst]

Key Words : Triphala Kwath, Abhishanda, Aschotan, Acute Conjunctivitis,

Background and Aim:

Triphala Kwath Aschotan is useful in all types of Abhishandas is cost effective compared to antibiotic eye drops.

In Triphala, Haritaki is vataghna, Bibhitaki is kaphaghna and Amalaki is pittaghna.

1) To study the efficacy of Triphala Kwath Aschotan in the management of Acute Conjunctivitis

2) To study Abhishyanda, according to Ayurveda and Acute

Conjunctivitis according to modern science.

3) To study the comparative efficacy of Triphala Kwath Aschotan and Chloramphenicol eye drops in the management of acute Conjunctivitis.

Methodology :

Triphala Kwath was made by proper procedure addition of 16 times double distilled water in to it. The kwath was filtered through Whatman paper no. 1. Again filtered with 0.45 micrometer filter under vacuum in Poona College of Pharmacy, Pune (Filter name - Ultipor n66, nylon 6, 6 membrane).10% particle free Trifala Kwath pH 6.8 was used.

Mucous membrane test (eye irritation test) of the solution was done and found to be negative during observation period.

Trial Group - Triphala Kwath 10% Eye Drops

Control Group- Chloramphenicol Eye Drops I. P.

Placebo Group - Normal Saline

3 drops in affected eye three to four times in a day for 7 days.
F/Up on A/D.- 30patients/group

Criteria of assessment were reduction in

Pain, Redness , Photophobia, Discharge.

Results :

10% Triphala kwath eye drops is effective & safe in Acute Conjunctivities.

Efficacy of Triphala kwath eye drops is same as that of Chloramphenicol eye drops but better than N.S..

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***"THE EFFICACY OF 'TRIPHALA YOG' IN DRY EYE SYNDROME DUE TO EXCESSIVE USE OF COMPUTER."***
5	[ArtEqEng]	
6	[NmeScholar]	Kadam D. B
7	[NmeGuide]	Shah P. K.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF SHALAKYA TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Master of Surgery)
17	[SubStudy]	**Clinical Research**
18	[AnyOther]	***Keywords:*** - Dry Eye Syndrome, Triphala Yog.

Background & Aim:-

Dry Eye Syndrome is caused by a problem with the quality/ quantity of the tear film. It can damage eye tissues causing visual impairment. As present there is no satisfactory treatment . Daily computer users suffer from the symptoms like visual stress, burning of eyes, blurred vision, redness, dryness of eyes.

In Ayurveda some Dravyas and kalpas are described as a 'Chakshyushya'. To assess the effect of these drugs I have selected 'Triphala yog' for my project.

1. To study the dry eye syndrome & Netraroga having co-relation with dry eye syndrome
2. To study the Triphala Yog & its efficacy in detail.

Methodology:-

The 60 patients- BV Ayurved hospital, using computer and suffering from Dry Eye syndrome were selected & divided in two groups. Severe cases of dry eye & one eyed patients were excluded.

Trial group - received – Triphala Yog.

Control Group. received Cap. B complex.

Follow up – was done on 7th, 14th and 21st day.

All patients examined with slit lamp,

i) Schirmer's Test -1.

ii) T.F. B.U.T. Test done

Observations were noted in tabulated form according to signs and symptoms with gradations.

Result : Triphala yog is proved to be effective in dry eye without side effects.

The effect of Triphala yog on T.F.B.U.T. & S. T. 1 is not much significant.

Interpretation : Dry Eye Syndrome is seen in the people using computers excessively & in Vatapradhan & Pittapradhan prakruti.

Certain lakshanas of Shushkakshipak appears to be similar to that in Dry eye.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	44
4	[ArtTitle]	***A STUDY ON THE EFFECT OF AKSHABEEJA MAJJA IN SUDHA SUKLA (CORNEAL OPACITIES)***
5	[ArtEqEng]	
6	[NmeScholar]	P. Raveendran Vaidyar
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.Sankaran Nair
9	[Dept]	Department of Netra
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Netra - Salakya
17	[AnyOther]	
18	[Abst]	Sudha sukla (Corneal opactities) is a disease of the Krishna mandala (Cornea). It frequently occurs as a result of “Savrana sukla “ (Corneal Ulcers) which are said to be due to eye injuries. Not only that in Abhisyanda (Conjunctivitis), Pothaki (Trachoma) etc., and infection spreads over the cornea and later turns as sudha Sukla. If it is not treated promptly the ultimate result is partial or total blindness. Sudhasukla is a common anomaly especially among the working class who were employed in rock cutting, paddy threshing etc. In modern ophthalmology there is no description or medicinal therapy for this disease. Moreover the described surgical methods have no guarantee for the permanent cure. But in Ayurveda so many medicinal remedies are described in detail. Hence Acharyas and scholars of the Sastra were dedicating their entire life to find out a cheap as well as an easily available drug, and finally

they pointed "Akshabeejamajja" as an effective remedy, because this drug is easily available and can afford by even the working classes. Because of this enlighting importance this topic was selected for scientific study.The study of this Thesis starts with literary work. In the referred literature the modern as well as ancient descriptions of eye Anatomy, Physiology etc. were mentioned. The causes of Sudha sukla, its signs and symptoms, types and complications etc. are described along with modern view with proper correlation. Description about Akshabeeja majja along with its mode of preparation is also mentioned. Materials and methods of Anjanakarma along with its types and mode of administration described elaborately. In the clinical study 30 patients were treated with Akshabeeja majja as Anjana and remaining 10 patients were treated as control group. Control group received the local as well as internal administration of various drugs other than Akshsbeeja majja.Before and after the administration of drug, various laboratory and visual investigations were conducted to study the toxic effects of the drug. The Glaucoma type cases of Sudhasukla were not cured with both control and treated groups. Macula and Nesula types of Sudhasukla cases were cured completely with trail group. But with control group 2 macula cases were not cured completely. Totally 85% of cure obtained with Akshabjeea majja and 65% in control group. Akshabeeja majja is proved as an effective remedy for Sudhasukla. Its effect is higher than the other drugs which are used as control group. The cure is also faster.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	22
4	[ArtTitle]	*THE EFFECT OF CHANDRODAYA VARTI IN THIMIRA (TIMIRA)*
5	[ArtEqEng]	
6	[NmeScholar]	R. Suseela
7	[NmeGuide]	Dr. P.Sankarankutty
8	[NmeCoGuide]	Dr. L.Sarada Amma
9	[Dept]	Department of Netra (Salakya)
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya – Netra roga
17	[AnyOther]	
18	[Abst]	Timira is a disease occurring in people irrespective of economical status. Its Modern synonym is Cataract. According to the Ophthalmology the treatment is preferred in its matured stage. In Ayurveda the treatment of Timira is described whether it is matured or incipient in stage. Chandrodaya Varthi described in Thimira and Suklam are highly praised. In this Thesis the elucidative description of Lens and visual mechanism has been given. Classification of diseases was tabulated interestingly from its Nidana to (Symptoms) Lakshanas. The Cataract and the morphological aspects of the Cataract were given elaborately. Mode of applications of Chandrodaya varti is, as anjana, in Timira roga patients. The parameters for follow up study was done by Snellen's test type chart. Patients were taken for the clinical study. In the control group, the Elaneer Kuzhampu was the drug to treat

the patients. In treated group Chandrodaya varthi was used. The results were compared with the effect showed by control group patients. The symptoms of blurred vision, the flashes and bright circles before eyes when look light and rain haloes before eyes showed significant response and more or less completely cured. The visual ancity of the patients improved very significantly. In one patient the distant vision was recorded as 6/36. After the treatment the response was noted to Hand movements. And in another one this treatment was brought the patients vision up to 6/81. The duration of the disease showed an important part in the management of Timira. The Maximum improvement was noted in cases where the duration was less than three years and also in younger age group. Most of the ingredients in Chandrodayavarti are having the kaphahara properties. The Chandrodaya varti showed its significant effects on kaphaja Timira.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	21
4	[ArtTitle]	***THE EFFECT OF MUDGADI ANJANA IN SUDHASUKLA (CORNEAL OPACITIES)***
5	[ArtEqEng]	
6	[NmeScholar]	G. Madhusoodanan
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.Sankaran Nair
9	[Dept]	Department of Netra (Salakya)
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya – Netra roga
17	[AnyOther]	
18	[Abst]	Among the Eye diseases, Sudhasukla (corneal opacities) is a commonly occurring, important corneal disease. It usually occurs as a result of Kshatasukla (Corneal Ulcer). If it is not treated promptly the ultimate result is partial to total blindness. Sudhasukla most frequently occurs in low-economic status who were employed in paddy threshing, rock cutting etc. There is no medicinal remedy for it in modern Opthalmology. The surgical procedures have no guarantee to permanent cure. It is very difficult to poor classes of people to attend for an expensive surgical procedure. In Ayurveda so many, medicinal remedies are described for Sudhasukla, among them Mudgadi Anjana is a cheap and easily preparable drug mentioned by Vagbhata and Sushruta in their samhita. It is highly essential to prove this drug as an effective remedy for Sudhasukla especially for the sake of poor classes of people. Hence this

topic was taken for clinical examination. Mode of preparation of Mudgadi anjana, its ingredients along with their properties and actions are described in detail. Importance of Anjana Karma, its procedure, pre and post procedures of Anjana karma are also mentioned.In clinical study 30 cases of Sudhasukla were admitted in hospital. All the cases were divided into 3 groups according to the side and depth of the opacities. Among the two groups trial group were treated with Mudgadi Anjana, the control group were treated with various medicines mentioned in the treatment of Sudhasukla. They are administered both internally and externally. Before and after the administration of both groups specific clinical and usual investigations were conducted, to study the untoward effects of the drugs. Obtained results were divided into 3 groups (1) completely cured (2) slightly cured and (3) Not cured. Both in control and trial groups Leukoma type cases were not cured. With control group Nesula and Maunk case were cured completely but 2 cases of Nesula type were cured slightly. Whereas 100% cure obtained with trial drug in both Nesula and Macula type cases. Mudgadi Anjana is as an effective remedy for Sudhasukla except in Leukoma type cases. No side effects were observed with its administration as Anjana.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	140
4	[ArtTitle]	***EFFECT OF PUNARNAVA ON INTRAOCULAR PRESSURE***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Shushil Kumar
7	[NmeGuide]	K.R Sharma, H.V. Nema
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present study is aimed to fine out a drug which is nontoxic, safe and easily available in the management of glaucoma to reduce Intra ocular pressure (IOP). The experimental study was made on normal eyes of rabbits & both types of preparation, oral and topical were used to find out their relative effect and the side or toxic effects. For oral administration Ghansatva of the drug was given & for topical use 4% of Ghansatva was given in aqua. The oral administration of drug had a prolonged and sustained action as compared to its topical use. On this specific finding only oral administration of drug was used in clinical cases. The clinical study was conducted on 54 cases of chronic simple glaucoma. Two groups were made, group I, as control was treated with Acetazolamide and to group II, treated group,

250mg. of Ghansatva QID was given for 60 days. The follow up was made at an interval of 15 days for two months. During this period no treatment was given.

It has been seen that Acetazolamide has better effect on controlling the increased I.O.P. but its effect is short lived and is not free from complications. On the other hand Punarnava shows a slow but sustained effect in reducing the I.O.P. and its effect continued for a longer period, even after the drug was stopped. Thus, Punarnava has certain advantage to score over the conventional treatment of Acetazolamide in the treatment of chronic simple glaucoma.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	140
4	[ArtTitle]	***EFFECT OF PUNARNAVA ON INTRAOCULAR PRESSURE***
5	[ArtEqEng]	
6	[NmeScholar]	SHARMA, SHUSHIL KUMAR
7	[NmeGuide]	K.R Sharma, H.V. Nema
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present study is aimed to fine out a drug which is nontoxic, safe and easily available in the management of glaucoma to reduce Intra ocular pressure (IOP). The experimental study was made on normal eyes of rabbits & both types of preparation, oral and topical, were used to find out their relative effect and the side effect or toxic effects. For oral administration Ghansatva of the drug was given & for topical use 4% of Ghansatva was given in aqua. The oral administration of drug had a prolonged and sustained action as compared to its topical use. On this specific finding only oral administration of drug was used in clinical cases. The clinical study was conducted on 54 cases of chronic simple glaucoma. Two groups were made, Group I, as control was treated with Acetazolamide and to Group II, treated group,

250mg. of Ghansatva QID was given for 60 days. The follow up was made at an interval of 15 days for two months. During this period no treatment was given.

It has been seen that Acetazolamide has better effect on controlling the increased I.O.P. but its effect is short lived and is not free from complications. On the other hand Punarnava shows a slow but sustained effect in reducing the I.O.P. and its effect continued for a longer period, even after the drug was stopped. Thus, Punarnava has certain advantage to score over the conventional treatment of Acetazolamide in the treatment of chronic simple glaucoma.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	49
4	[ArtTitle]	***CLINICAL STUDY ON THE EFFECT OF THRIPHALA IN TIMIRA***
5	[ArtEqEng]	
6	[NmeScholar]	B. Raja lakshmi
7	[NmeGuide]	Dr. P. Sankaran Nair
8	[NmeCoGuide]	
9	[Dept]	Department of Netra
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerla University Trivandrum
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Netra - Salakya
17	[AnyOther]	
18	[Abst]	The gift of sight is one of the most prized possessions of man. Every system of Medicine describes various methods for the preservation of eyesight. Total or partial impairment of vision may occur as a result of trauma, infection, metabolic or degenerative factors. Timira, Kacha and Linganasa, if untreated will result in to total loss of vision. Even in advanced Modern era, Timira continues to be a menace to the visual mechanism. Ayurvedic system has prescribed a number of single and compound preparations for Timira from time-immemorial. Of the many Triphala has got multifold action. The therapeutic effect has not been assessed scientifically. Triphala ghrita was prepared as per methods prescribed in classical text books. The clinical study was carried out in the collegiate hospital. Patients complained of partial or complete loss of vision of one or both eye were selected. They have

diagnosed by Ayurvedic and Modern parameters. The treatment was carried out in three steps. The cases diagnosed as Timira were administered with Triphala ghrita for about seven days. A purgative was given on the next day. In the second step Triphala ghrita was administered internally twice a day and it was applied on the eye as Tarpana. Triphaladi rasakriya was applied to eye as Anjana. The patients were given Triphala kvatha thrice daily and were continued for 30days. This was followed for about 3 months. The clinical trial was encouraging. About 40% has got symptomatic relief as well as restoration of visual activity. 50% showed significant improvement in visual activity, with partial regain of vision. 10% have not responded the treatment. It may be noted that the general health of the patients has improved considerably during treatment and follow up period. Before finalizing elaborate study is suggested using Modern technology.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	51
4	[ArtTitle]	***MANAGEMENT OF HRASWAROGA WITH SPECIAL REFERENCE TO TARPANA KARMA***
5	[ArtEqEng]	
6	[NmeScholar]	N. Radhakrishnan
7	[NmeGuide]	Dr.L.Sarada Amma
8	[NmeCoGuide]	Dr. P. Sankaran Nair
9	[Dept]	Department of Netra
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala university ,Trivandrum
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Netra - Salakya
17	[AnyOther]	
18	[Abst]	Hraswaroga is defined as short-sight or Myopia. In Hraswaroga actually the distance between the object and the eye becomes Hraswam (short). So, it can be compared with Myopia. The vatic derangement is responsible for Hraswaroga. According to Ayurveda, in Hraswaroga there is no treatment and it was included in Asadhya roga. So, there is no specific treatment mentioned pertaining to Hraswaroga. In Modern medicine also there is no medicinal treatment for Myopia. But nowadays the treatment for Myopia is to prescribe lenses of proper power which are having the property to converge the rays on retina. Even the prescription of lenses is for the sake of time being only. And it further necessitates in frequent change of lenses in the process of lasting years. For the restoration of the vision the power of the lens should be adjusted accordingly. So, it is considered as Yapyaroga even

in the developed Medical Era.The study is aimed to prove the efficacy of Ayurvedic treatment in preventing the progression of Myopia. This trial was conducted in three folds namely, Poorvakarma, Pradhana karma (the Tarpana karma proper) and Paschat karma. The Putapaka administration is highly essential to retain the normal functions of the eyes which will get weakened during Tarpana karma. Snellen's chart was used for assessment. All the patients who were undergone treatment responded very well. 15% patients got mild improvement while 65% got 1 digit improvement and the remaining were not shown any improvement. As subjective response concerned 60% of them showed moderate changes, while 40% of them showed only mild changes. If it is administered along with of glass the synergistic effect will give immediate relief. This treatment inhibits the further progress of Myopias. So, it is assessed that Tarpana is having beneficial effects on Hraswaroga.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	20
4	[ArtTitle]	***ROLE OF JATHEEMUKULADI VARTHI IN THE TREATMENT OF KSHATASUKLA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.K Somanathan Pillai
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.Sankar Nair
9	[Dept]	Department of Netra (Salakya)
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya – Netra roga
17	[AnyOther]	
18	[Abst]	Kshatasukla is an inflammatory condition of the Cornea. The main characteristic symptom of this disease is corneal ulcer. It usually occurs very frequently in low-economic people. The main cause of this disease is trauma to the eye, but it may also occur as result of endogenous inflammations which are said to be responsible for vitiation of Tridosha. Due to its frequent occurrence especially in poor classes of people, are always in need of cheap and effective remedy. Hence it is highly essential to prove a drug like Jatheemukuladi varthi which is cheap, easily available and effective remedy for this disease. Not only that if it is not treated promptly, it become sudhasukla which is said to be a cause for partial to total blindness. Hence this topic was taken for clinical evaluation. The thesis work starts with literary review. Under the

Anatomy of the eye a wide description of the cornea is mentioned with ancient and modern views. Classification of the eye diseases, Aetiopathogenesis of Kshatasukla, its symptoms and complications are described in detail. The preparation of Jatheemukuladi varthi, its ingredients along with their properties and actions are described.

30 Kshatasukla cases were taken for clinical study. Among them 20 cases were treated with Jatheemukuladi varthi as a trial group and remaining 10 cases were subjected to internal and external administration of various drugs which are mentioned in its treatment, as control group. Total cases were divided into Nija and Agantuja types according to aetiology. Also they were divided into I and II stages according to the depth of corneal clinical and visual investigations before and after the administration of the drugs.100% cure rate is obtained with trial drug in I stage cases where as 87.5% cure rate is obtained with control group. In II stage cases 66% cure rate is obtained with trial drug but only 50% cure rate is obtained with control group. The remaining cases were not cured with both and turned to sudhasukla. It is concluded that Jatheemukuladi varthi is highly effective in Kshata sukla especially in II nd stage cases. Within a short period the cure rate is obtained with Jatheemukuladi varthi than the control group drugs. So, Jatheemukuladi varthi is proved as highly effective remedy for Kshatasukla.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	18
4	[ArtTitle]	***EFFECT OF LEKHANAKARMA IN POTHAKI AND SIKATHAVARTMA***
5	[ArtEqEng]	
6	[NmeScholar]	K.P.Sreekumari Amma
7	[NmeGuide]	Dr. K.Sadasiva Sarma
8	[NmeCoGuide]	Dr. P.Sankaran Nair
9	[Dept]	Department of Netra (Salakya)
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya – Netra roga
17	[AnyOther]	
18	[Abst]	Salakyatantra deals with the diseases of the head and neck. The eye is called the mirror of the soul. Ancient Acharyas have described eye as the foremost of all indriyas. Treatment of eye diseases is a peculiarity of Indian medicine and Kerala is at its top in this section. Of the many eye diseases Pothaki and Sikathavartma are common in Kerala. Medical as well as surgical procedures can be seen in Netraroga. Lekhanakarma is very effective and cheap. The application is easy. For the clinical study the patients were selected from the collegiate Hospital. The cases diagnosed as Pothaki or Sikatavartma as the case may be by using both Ayurvedic and Modern parameters. The patients were kept on a table in good light and the part was rubbed with Japamukula or Thuvaraka taila and a mixture of ghee and honey was applied and bandaged. The process can be repeated after a week and can continue

for two weeks. Appropriate treatment was given for headache which occurred during the process. On observing the cases it is found that there was 60% relief in all the cases subjected for trial in both types. No recurrence was reported even after a follow up period of six months. The study revealed that acute cases responded well than chronic cases. In order to have a better assessment more number of cases has to be treated. Are similar to plasma proteins.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	19
4	[ArtTitle]	***MANAGEMENT OF ABHISHYANDA WITH PASUPATAVARTHI***
5	[ArtEqEng]	
6	[NmeScholar]	S.Jayasree
7	[NmeGuide]	Dr. P.Sankaran Nair
8	[NmeCoGuide]	
9	[Dept]	Department of Netra (Salakya)
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya – Netra roga
17	[AnyOther]	
18	[Abst]	Abhishyanda (conjunctivitis) is one of the common eye diseases, occur frequently. It is observed that Abhishyanda gains importance by causing Adhimanda (glaucoma) which is responsible for partial blindness. Considering the frequency it was taken for trial which are available at all places. Varti was prepared according to the method prescribed by Vagbhata. The medicament usually used is Aschyotana. All the available Ayurvedic and Modern literature was reviewed to obtain better knowledge of the disease and drug. Chemical analysis of the drug was alone done. 30 patients diagnosed as Abhishyanda were taken trial. Of the 30, 20 cases were kept as control. The patients were between 14-70 years of age in both sexes Routine laboratory and ophthalmic investigations were also carried out before and after administration of the medicine. 88% of

the treated group responded well. In the control group the curing rate was only 50%. It can be observed that Pasupata varthi is an effective remedy for Abhishyanda than any other medicines mentioned. The drug is effective in short period.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	23
4	[ArtTitle]	***A STUDY OF PILLAROGA AND ITS MANAGEMENT WITH SPECIAL REFERENCE TO JALUKAVACHARANAM***
5	[ArtEqEng]	
6	[NmeScholar]	P.K. Shanthakumari
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.Sankarankutty
9	[Dept]	Department of Netra (Salakya)
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya – Netra roga
17	[AnyOther]	
18	[Abst]	Pillaroga is described in Astanga hridaya and Astanga Samgraha only. Sushruta and other ancient scholars of Shalakyatantra have not mentioned it. Pillaroga is defined as the chronic condition of 18 eye diseases namely Abhishyandas, Adhimandhas, Pothaki, Kukoonakam, Utklistas, Amloshitham, Visavartmam, Pooyalasam and Pakshmaparodham. These are all the diseases of the different parts of the eye. They differ in their symptomatology in acute stages, but in their chronic stages they all are similar in their symptoms. Hence the above said diseases in their chronic stages are grouped as Pillaroga. All the above said diseases are due to having similar aetipathogenesis termed as Pilla roga. It is highly essential to prove the similarity in aetiopathogenesis

of the above diseases. Moreover Pillarogas treatment is mentioned in Ayurveda, which is applicable to all the above diseases. In their chronic stage Jalukavacharanam (leeching) is the simple and easiest method of treatment mentioned in Ayurveda. If it is proved as effective, it is highly beneficial to chronic sufferers of the above said diseases. This thesis works proceeds with literary review. It contains the review of anatomy and physiology of the eye, aetiology of the eye diseases, classification of the eye diseases etc. with proper co-relation with the Modern Ophthalmology. In the concept of Pilla roga the controversy of the world "Pilla" is eliminated and with modern view all the above said diseases in their chronic stage proved as Pilla roga. The similarity of their aetiopathogenesis is explained in detail. Different types of leeches, the process of Jalukavacharanam, and its advantage etc. are described along with the pre and post operative procedures of Jalukavacharanam elaborately. In clinical study different chronic cases of the Abhishyandas, Pothaki etc. were taken as per the criteria of Pilla Roga. 30 cases were selected and admitted in the hospital. Among them 15 cases were treated with lekhana karma as control and remaining 15 cases as treated. All the investigations, vision test etc. were conducted. The cure rates were divided into mild, moderate, and complete forms. With in control group 26.67% were completely cured, 33.37% were moderately cured and 40% were mildly cured, but with in trial group 13.33% were cured in mild form, 20% were cured in the moderate form and 66.7% were completely cured. In the cases of Pilla rogas the application of Jalukavacharanam is the most effective remedy than that of Lekhanakarma. Thee cure rates in the case of later is higher than the former. Hence Jalukavacharanam is proved as an effective method of treatment in Pill Roga.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	78
4	[ArtTitle]	***ROLE OF KRIYAKALP IN OCULAR DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	Maurya, Suresh Chandra
7	[NmeGuide]	R.C. Chaudhary
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The Kirya kalpa in shalakya especially in ophthalmology are unique features in the sense that apart from panch karma no other branch of medicine in Ayurveda has described specified form of treatment as kriya kalpa. In the present study it has been endeavor to explore all the ancient works of Ayurveda to find out all relevant materials regarding the kriya kalpa, the procedures of each of them, drugs, their properties, potency & the techniques to be applied. It has not been possible to make a clinical & experimental study about all these kriya kalpa therefore a small experimental study on a particular kriya kalpa i.e. Aschyotan with triphala has been undertaken. Findings of the experimental study on conjunctivitis in rabbits indicates that aschyotan of triphala is much beneficial in conjunctivitis. All the parameters conjunctival discharge, conjuctival congession, chemosis, corneal complications &

pH as recorded show that the drug acts on conjunctivitis favorably. on the whole it can be concluded that the technique of aschyotang with triphala is beneficial in cases of conjunctivitis. Further study, both clinical & experimental, on the Kriya kalpa with different drugs is necessary.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	54
4	[ArtTitle]	***THE EFFECT OF TARPANAKARMA IN TIMIRA,TIMIRABHASA AND ANYATOVATAM***
5	[ArtEqEng]	
6	[NmeScholar]	T.K.valsala devi
7	[NmeGuide]	Dr. P. Sankaran Nair
8	[NmeCoGuide]	Dr. L. Sarada Amma
9	[Dept]	Department of Netra
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerla university Trivandrum
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya - Netraroga
17	[AnyOther]	
18	[Abst]	Timira is a disease of world wide problem. Timirabhasa is not actually a disease, sometimes it may be produced as a complication of unevenly administered Panchakarma and as of psychological problems. There may or may not be visible organic derangement. But always functional manifestation is noticed in this disease. Anyatovatam is a disease of deranged vata dosha characterized by pain on eyes and forehead, redness, pus, secretion, swelling and excessive lacrimation from the eyes. Even though these diseases namely Timira, Timirabhasa and Anyatovata are differed in names, the causative factor for these diseases is vata. So, these three diseases are taken in a single clinical study.The Tarpana karma is having bhrimhna properties, and it also possess to act on vata dosha. So, to evaluate the effect of Tarpana karma on the diseases which are caused by deranged vata was the main

idea laid in this work. The maximum duration of treatment in every case was 3 months. Timira roga patients were studied. All the cases were diagnosed as dvitiya patalashritas. It was observed on follow up that complete cure achieved in 25% cases, 25% cases showed only 75% relief while remaining showed partial response. Among Timirabhasa cases which were treated, 13% showed good response with complete cure while the remaining were showed partial success. 40% cases of Anyatovata were completely cured. In all those cases response was observed even partially. 10% of cases responded to this therapy completely. By observing the clinical study we can come to a conclusion that if shorter the duration of the disease complete cure can be achieved.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	1
4	[ArtTitle]	***THE EFFECT OF NASYA KARMA IN TIMIRAM (IMMATURE CATARACT) WITH OR WITHOUT SAPTAMRITHA LOHA***
5	[ArtEqEng]	
6	[NmeScholar]	J. Janardhana Rao
7	[NmeGuide]	Dr. I.V. Prahalad Rao
8	[NmeCoGuide]	Dr. C. Srinivasulu
9	[Dept]	Department of Shalakya
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1994
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalakya
17	[AnyOther]	
18	[Abst]	The clinical research work chosen for a clinical study is comparative evaluation of "The effect of Anu taila Nasyam with / without Sapthamritha Loha". The patients are selected at random irrespective of age, sex, and occupation. The effective drugs like Anutaila and Sapthamritha Loha are selected for the treatment of Timira from literature to avoid the general complications. Group A (Sapthamritha loha) and Group B (Sapthamritha loha along with nasyakarma). The preparation and administration of the drug is very simple and easy.

There is no complication of this drug such as gastritis, constipation and nausea etc.,

The best and simple therapy of Nasya karma can be adopted by any patient by themselves only.

The internal medicine and Nasya karma medicine both are more economical, cheap and viable to the patients.

Finally we concluded that Sapthamritha loha when supplemented by nasyakarma therapy, results are interesting and encouraging rather than Sapthamritha loha alone.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL EVALUATION FO KARPURA (CHINNAMOMUM CAMPHORA (L) KSHIRA (MILK) ASCHYOTANA IN ALLERGIC CONJUNCTIVITIS.***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikanth.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Research Institute (Ayurveda), Road No.66, Punjabi Bagh, New Delhi-26.
10	[Insti]	
11	[Univ]	
12	[Year]	Ayurveda Mahasammelan Patrika, August 2003, pp.53-61.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A clinical study of 76 cases of Allergic conjunctivitis was conducted to evaluate the effect of Indigenous Ophthalmic Drugs-Karpura (Chinnamomum camphora (L) and kshira. (Cow Milk), Topical administration (Aschyotana) of fresh solution prepared with karpura (Chinnamomum camphora (L) and kshira (Cow Milk) was scheduled for 5 days and Aschyotana procedure was repeated for the same period at an interval of 7 days. Follow up observation wad done for two months. Results were encouraging.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**CYPERUS ROTUNDUS IN CONJUNCTIVITIS.**
5	[ArtEqEng]	
6	[NmeScholar]	R.C. Saxena
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Pharmacology & Therapeutics.
10	[Insti]	King George Medical College, Lucknow.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No. 1. March 1980 pp.115-120.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The effect of 2% a queous solution of the methanolic extract of the root of Cyperus *rotundus (Motha)* was observed on twenty six cases of conjunctivitis. Two drops of the drug were instilled in both the eyes thrice daily; the decrease in the redness and reduction in pain and ocular discharge were observed. Generally most of the patients had cure within about five days.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***EFFECT OF YASHTIMADHU (GLYCYRRHIZA GLABRA LINN.) ON CONJUNCTIVITIS.***
5	[ArtEqEng]	
6	[NmeScholar]	A.N. Rai, R.P.S. Bhatia, R.C. Chaudhary, and P.J. Deshpande.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Opthalmology and Deptt. Of Shalya Shalakya
10	[Insti]	Institute of Medical Sciences, B.H.U., Varanasi.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No. 1. March 1980 pp.21-24.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A comparative study has been done to evaluate the effectiveness of Yashtimadhu in cases of conjunctivitis. Kemicitine succinate drops have been used for comparison. Clinical parameters and microbiological studies point that the drug is effective in *conjunctivitis,* especially in its acute condition. Certain symptoms such as photophobia, burning sensation are more quickly relieved in the treated group as compared to control group. It has also been observed to have cortisone-like anti-inflammatory potential.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL OBSERVATION Of NIMBA (AZADIRACHTA INDICA A. JUSS.) AND SIRISHA (ALBIZIA LEBBECK BENTH.) IN SIMPLE EPIDEMIC VIRAL CONJUNCTIVITIS***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikanth, Mridula Dua, Praveen Bansal, T. Bikshapathi
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Institue (Ay.) Punjabi Bagh, New Delhi-58.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No. XXVIII, No.3, July-Sept-07 pp.24-40.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	An observation of 55 clinically diagnosed subjected of acute viral conjunctivitis attending Eye OPD of Central Research Institute (Ay.) New Delhi during localized outbreak was conducted to study the effect of analgesic, anti-inflammatory, anti-allergic and anti-microbial (anti bacterial/anti viral) Ayurvedic ophthalmic Drugs, Nimba (Azadirachta indica A juss) and Sirisha (Albizia lebbeck benth.). Tropical administration of (Aschyotana) decoction of stem bark of these drugs was scheduled for 5 days. Follow up observation was done for 2 days. The study revealed that, scheduled regimen has a notable role in achieving satisfactory symptomatic relief of presenting symptoms, prevention of secondary infection in acute conjunctivitis. Furthermore, no adverse effects were noticed.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A HERBO-MINERAL COMBINATION IN THE MANAGEMENT OF ACUTE VIRAL CONJUNCTIVITIS.***
5	[ArtEqEng]	
6	[NmeScholar]	N. Kumar and A. Kumar
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Regionla Research Centre of Ayurveda, Rehari, Jammu.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No. XVI, No.3-4, (1995) pp.118-124.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A clinical study of 50 cases of acute viral conjunctivitis was conducted during the outbreak of this disease in Jammu region in the moths of July & August 1994. Sphatika and Rasanjana in combination with rose-water was taken up for the study. This drug-combination proved cent percent efficacy in the treatment of this disease. Hence, this herbo-mineral drug combination can be used successfully in the cases of acute viral conjunctivitis during its out break or otherwise, without involving much cost and sophisticated technology.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***SIMPLE SIDDHA REMEDY FOR KAN NOI (ACUTE CATARRHAL CONJUNCTIVITIS)-A PILOT STUDY.***
5	[ArtEqEng]	
6	[NmeScholar]	S. Rajayalakshmi, P.R. Saroja, R. Thyagarajan, M. Sundaram and G. Veluchamy.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Institue (Siddha) chennai.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No. III, No.1-2, pp.13-16.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Forty-three cases of kan noi (Acute catarrhal conjunctivitis) were treated with simple Siddha preparation called padiga panner. All the cases responded well to the treatment within three to seven days.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A STUDY ON DRY ON DRY EYE SYNDROME (SHUSHKAKSHIPAKA/ PARISHUSKHA NETRA) AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikanth, K. K. Chopra
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Insitute (Ay.) Bhubneshwar.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No.XXII, No.1-2, Jan-June 2001, pp.17-24.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A clinical study of 20 cases of dry eyes syndrome was conducted at SKAMC hospital and research centre, Bangalore. Ghrita prepared with Haridra (Curcuma longa Linn.) and Daruharidra (Berberis aristata DC.) was taken up for study to establish the clinical and therapeutic efficacy. The present study has shown that the above formulation is highly valuable in the management of dry eyes syndrome. In this presentation an attempt has also been made to highlight the view of ancient and modern clinicians concerning conceptual understanding of etiology, diagnosis and principles of management of dry eye syndrome-a comparable clinical entity with Shushkakshipaka.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***MANAGEMENT OF DRY EYE SYNDROME-A CASE REPORT.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. N. SRIKANTH
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	AYURMEDLINE Vol. IV, JAN-JUN 2001, pp. 460-463.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A study was conduted for a period of three months to evaluate the effect of Ayurvedic formulations on topical administration (Aschotana, tarpana) and internal medication in diagnosed cases of dry ety. Topical therapy Aschotana was scheduled for three days and with an interval of five days tarpana was administered for five days. A follow up study was conducted for two months and only internal medication was scheduled. Significant relief of signs and symptoms were noticed and no adverse effect of medication was found.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CLINICAL STUDY ON ROLE OF NETRA KRIYA KALPAS (TOPICAL OCULAR THERAPIES) AND INTERNAL MEDICATION IN MYOPIA (TIMIRA-HRASWA DRISHTI)***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikant, Mriduala Dua, Praveen Bansal and D.K. Mishra.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Insitute (Ay.) Punjabi Bagh, New Delhi.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No.XXVI, No.3-4, July-Dec.(2005), pp.43-53.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A clinical study of 60 cases of Myopia, attending, OPD of Eye clinic, Central Research Institute (Ay.) New Delhi was conducted to evaluate the effect of netra kriya kalpas and internal medication in myopia. Topical administration (Aschyotana) with decoction of root bark of Daruharidra (Berberis aristata DC.) for 5 days followed by tarpana with patoladighrita (A compound poly herbal formulation with clarified butter base (ghee) was administered for five days. Saptamrta lauha was given internally for 3 months. The study reveled that the scheduled therapy has shown improvement in visual acuity and symptomatic relief in some cases.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF EYE EXERCISE, TOPICAL AND INTERNAL MEDICATION IN MYOPIA-A CLINICAL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikanth, Mridula Dua, Praveen Bansal and D.K. Misra
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Insitute (Ay.) Punjabi Bagh, New Delhi.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No.XIX., No.3 Feb.-Apr.2006, pp.154-160.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Myopia (timirahrasvadrsti) is a refractive condition of the eye in which when the eye is at rest, the incident parallel rays after under going refraction through the optional system of the eye come to a focus in front of thephoto sensitive layer of the retina. This paper deals with a clinical study evaluating the effect of eye exercises and topical and internal medication I myopia.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***DRISHITI DOSHA AND IT'S MANAGEMENT WITH AYURVEDIC DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	D.P. Chowdhary, M. Dua and Bharti
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Insitute (Ay.) Punjabi Bagh, New Delhi.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No.XX., No.3-4 (1999) pp.141-147.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Myopia or short-sightedness is a common eye-disorder, in which the nearer objects from their image anterior to retina. Hereditary predisposition, nutritional status, table work and T.V. /computer visualization are the predisposing factors for myopia. A clinical research was carried out upon 323 patients of myopia treated with saptamirita Lauha, medicated honey, Triphala jala and Netra bindu drops locally Resrults were assessed after 6 months as per the improvement of vision (snellen's and Jaggers charts). Maximum improvement was observed in patients with minimal defects or small numbers (-1.00 waters). These drugs may be working by increasing the nutrition of the muscles suspending the lens.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***THE PARA SURGICAL APPROACH –LEECH APPLICATION (JALUKAVACHARANA) IN GLAUCOMAS***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikanth, K.K. Chopra
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Insitute (Ay.) Unit-I, Bhubaneswar
11	[Univ]	
12	[Year]	J.R.A.S. Vol. No.XXIV., No.3-4 , July-Dec.(2003) pp.1-13.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study was conducted on 30th July diagnosed patients of chronic simple glaucoma to establish the effect of Jalukavacharana (leech application). The study has revealed this Para surgical approach is very effective in managing such conditions. There was marked reduction in intra ocular pressure (IOP) and no adverse effect of the therapy was noticed An attempt has also been made to review the basic concept of the disease.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***THE POTENT ANTI-GLAUCOMA DRUG: MAHATRIPHALAGHRITA: A PHARMA COLOGICAL PROFILE***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikant, J. Hazra, K.K. Chopta and Jayaprakash Narayana
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	Aryavaidan, Vol. No.XIV., No.2 Nov.-Jan 2001 pages 87-94.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	This presentation highlights ayurvedic pharmacodynamic and pharmacological aspects of a clinically established potent antiglaucoma drug, Mahatriphala ghrita-a ghee formulation also widely adopted for topical ophthalmic use (tarpana-netra kriyakalpa) and for internal administration in managing various ocular affection, including disorders of vision and adnexa. The study substantiates previous clinical studies conducted to evaluate the efficacy of this formulation in chronic clinical glaucoma. An attempt has also been made to establish hypothetical concepts concerning the probable mode of action of different individual ingredients.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***MANAGEMENT OF OPEN ANGLE GLAUCOMA-A CASE REPORT***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikant,
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	Ayur Medline Vol.II Jan-June, 2000, pp 96-99.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	**Summary :** A study was conducted for a period of 7 moths to evaluate the efficiency of a classical ghee formulation Mahatriphalaghrita on topical and internal administration in diagnosed cases of open angle glaucoma Topical therapy i.e., tarpana was scheduled for 5 days along with internal medication for one month. Follow up study was conducted for six months. Significant reduction in IOP and marked improvement of visual acuity was found. No further spread of visual field defects and no adverse effect of medication was found.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***PREVENTION OF BLINDNESS THROUGH AYURVEDIC MEDICAL AND PARA –SURGICAL APPROACHES WITH SPECIAL REFERENCE TO CHRONIC SIMPLE GLAUCOMA.***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANT AND K.D. SHARMA
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	February – 2003, PP.87-88.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Glaucomas are a range of disorders that are characterized by optic disc cupping visual field defects and an intra-ocular pressure sufficiently rose to damage the eyesight (Miller Stephen, 1987). In 63.33% patients (19) I.O.P. was reduced below 21mmHg within 5 days and no elevation of I.O.P. was observed even after 1 month. In 6.6& pf patients (2) I.O.P. was reduced below 21 mmHg with 5 days of elevation of I.O.P. was observed after 30 days. In 20% of patients (6) I.O.P. was reduced below 21 mmHg within 5 days and elevation of I.O.P. was observed after 15 days. 10% of patients (3) were not responded at all.

Follow up study up study was conducted for 6 months and I.O.P. was observed once in every 15 days. In 70% cases elevation of I.O.P. was observed after 3 months and in 30% cases after months. It has been found that in maximum number of patents elevation in I.O.P. was observed after 3 months, *Tarpana* was repeated at the interval. No. further deterioration of vision was found visual fields were repeated at the interval. No. further deterioration of vision was found visual fields were unchanged. No. local and systemic adverse effects were found (Medical group). In 53% (7) cases IOP was controlled i.e. 7th day and no elevation IOP was observed in other 4 cases (30.76%) when checked on 15th & 30th day (Para surgical group)

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***MANAGEMENT OF ABNORMAL INVOLUNTARY MOVEMENTS OF EYE LIDS-A CASE REPORT***
5	[ArtEqEng]	
6	[NmeScholar]	N. Srikant, Mrudula Dua and D.K. Mishra.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	Aryavaidyan Vol. XVII, No.1 August-October-2003, pp.32-34.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Derangement of vyanavayu is said to be the cause for the abnormal involuntary movements of eyelids. This paper discusses the promising therapeutic procedures like trapana, nasyakarma, etc. in the management of such cases.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***AN APPRAISAL OF CLINICAL TRAILS IN DIABETIC RETINOPATHY***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANT
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	March 2005, pp. 192-197.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A clinical study was conduted to observe the efficacy of classical drugs viz. Patoladi Ghrita, Dhanvantara Kwatha, Punarnavasava Chandraprabha vati and Nishamalaki on diagnosed cases of diabetic retinopathy. Topical therapy i.e. tarpana with patoladi Ghrita was scheduled for five days and was repeated at an interval of every 15 days for 3 months along with internal administration of Dhavantra Kwatha 20 ml BD, Punarnavasava 25 ml BD, Chandraprabhavati 250 mg BD and Nishamalaki 5g BD for the same period. There was remarkable improvement in visual acuity. Significant reduction in blood glucose level and blood pressure, no neovascularisation was observed. A follow-up study was conducted for a period of 6 months. This study also highlights a brief account on concepts and background research in diabetic retinopathy.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*MANAGEMENT OF RETINITIS PIGMENTOSA (HRASWAJADYA) WITH AYURVEDIC THERAPIES –A CASE REPORT.*
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANT, MRUDULA DUA AND D.K. MISHRA.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Insitute (Ay.) Punjabi Bagh, New Delhi.
11	[Univ]	
12	[Year]	AYURVEDA MAHASAMELEN PATRIKA JUNE 2005, p.p.65-70.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A study was conduted for a period of four month to observe the clinical effect of certain Ayurvedic therapies in a diagnosed case of Retinitis pigmentosa (Hraswajadya) at Central Research Institute (Ay.) New Delhi Tarpana (patoladighrita) was scheduled for five days and Nasya karma (Jeevantyadi ghrita) for 7 days. Samana scheduled include internal administration of patoladi ghrita, Punarvava juice (ex-tracked from whole plant-Boerhhavia diffusa) and combination of Triphala Churna, Yasada bhasma and Guduchi satwa for four months. Subjective improvement in visual acuity o both eyes and quality of vision was noticed.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***EFFECT OF AN AYURVEDIC COMPOUND DRUG (TRIPHALA GUGGULU)-IN DIABETIC RETINOPATHY***
5	[ArtEqEng]	
6	[NmeScholar]	A.K. SINGH, M. SAHU AND N. SRIKANT
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	CCRAS, Deptt. Of Shalya-Shalakya, IMS, BHU, Varanasi, Deptt. Of Ophthalmology.
10	[Insti]	
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XXII., No.3-4 (2001) p.p. 208-215.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A study was conducted to evaluate the efficacy Triphala Guggulu in Diabetic retinopathy; The study was carried out on sixty eyes of thirty cases which were divided in two groups' viz. Gr. I, i.e. placebo group (P) and Gr. II. i.e. Ayurvedic drug treated group (T) respectively, after diagnosing the group II (T) cases were treated with Triphala guggulu capsules, 2 cups. Bid with water for 3 months (weighing 500 mg each cup.) and instructed to control their blood sugar by the drug and diet both. After 3 months of therapy, a significant improvement was observed in each component of diabetic retinopathy.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***RETINAL DEGENERATIVE CONDITIONS***
5	[ArtEqEng]	
6	[NmeScholar]	DR. P.K. SANTHAKUMARI
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Government Ayurveda College, Thiruvananthapuram.
10	[Insti]	
11	[Univ]	
12	[Year]	Aryavaidyan, Vol. 4, May (1991) p.p. 250-253.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Retinal degenerative conditions, especially Retinnitis pigmentosa, in spite of the wide research on the subject, still remain a cause of blindness. Certain diseases described under 'Dristigatharogas' such as Nakulandha, Pittavidagdha and kaphavida- gdha are found to be different stages or retinal degeneration. A detailed research work on this aspect may unravel a successful line of treatment of retinal degeneration. A detailed research work on this aspect may unravel a successful line of treatment for retinal degenerative conditions, from the endless treasures of Ayurveda.

4.13. EYE AND ENT DISORDERS

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***BUTIA MONOSPERMA ROOT DISTILLATE EYE DROPS (PALASHA MOOLA ARKA) IN AGE RELATED IMMATURE CATARACT: A CLINICAL OBSERVATION.***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANTH, MRIDULA DUA AND T. BIKSHAPATHI.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	Central Research Insitute (Ay.) Punjabi Bagh, New Delhi.
11	[Univ]	
12	[Year]	JRAS Vol. XXVII. No.1-2, 2006, p.p. 12-23.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A study of 52 cases of age Related immature Cataract attending OPD of Eye clinic, Central Research Institute (Ay.) New Delhi was conducted to observe the effect of distillate of Butea monosperma root (Palasha Moola Arka) for 4 months. Significant improvement in visual acuity and quality of vision was observed in certain cases. A 6 month follow-up observation reveled no further deterioration of symptoms and no ocular irritation was noticed.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***THERAPEUTIC POTENTIALS OF AYURVEDA IN THE MANAGEMENT OF AGE RELATED OCULAR DISEASES: AN EVIDENCE BASED APPROACH***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANTH, M.M. PADHI, G.S. LAVEKAR, M.M. SHARMA AND B. VANKATESHWARAHA
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	JRAS Vol. XXIX. No.1, Jan-March-08, p.p. 64-84.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In spite of great technological advances in the field of ophthalmic medicine and surgery, conservative therapy still continues to be mainstay for reversible ailments. Researchers are relentlessly in quest to identify plants metals and minerals with medicinal properties. Often they are successful, proverbially, in turning over a new leaf. This contribution highlights certain evidence based research studies on Ayurvedic ophthalmic drugs in the management of geriatric ocular problems viz. Retinitis pigmentosa, Glaucoma, Degenerative neuro-opthalmic lesions, senile cataract, Age Related macular Degeneration, pain management etc.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL STUDY OF AMALKI RASAYANA IN PATIENTS SUFFERING FROM AGE RELATED MACULAR DEGENERATION (A.R.M.D.)***
5	[ArtEqEng]	
6	[NmeScholar]	SUDHAKAR M. SATHYE
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	SATHYE EYE RESEARCH INSTITUTE FOR ALTERNATIVE MEDICINES. PUNE.
10	[Insti]	
11	[Univ]	
12	[Year]	JRAS Vol. XXIX. No.1, Jan-March-2008, p.p. 27-37.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	To study the efficiently of Amalki rasayana in patients suffering from Age Related Macular Degeneration (A.R.M.D.)A retrospective uncontrolled clinical study of 40 patients out of 70 were carried out who were regular in taking the treatment for minimum 3 years. Amalki rasayana in doses of 1500 to 2000mg a day in powder form was given to each patient irrespective of variety of A.R.M.D. Assessment of vision, Amsler grid fundus photos with angiography was carried out yearly. The treatment was found and to be effective in both varieties of A.R.M.D. Amalki rasayana was found to be effective in improving vision in dry A.RM.D. No. recurrence was observed during 3 years of study.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***AYURVEDIC APPROACH TO THE MANAGEMENT OF AGE RELATED OCULAR DISEASES-AN APPRAISAL OF SOME CLINICAL STUDIES.***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANTH, MRIDULA DUA, D.K. MISRA & G.S. LAVEKAR
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA & SIDDHA, NEW DELHI-58.
10	[Insti]	CENTRAL RESEARCH INSITUTE (AY.) PUNJABI BAGH, NEW DELHI.
11	[Univ]	
12	[Year]	Proc. Management of Geriatric Disorders in Ayurveda and Siddha, Deptt. Of AYUSH, Chennai. August, 2005, pp 8-10.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Tremendous advancement made in the science of ophthalmology in recent years has opened a new era in the history of medicine. Scientists and scholars of modern ophthalmology have attracted most of mankind who are anxious about maintenance of prolonged and healthy vision. At the same time, there are numerous challenging problems, existing before modern ophthalmologists that requires special attention to develop untrodden fields of medical knowledge hidden in ancient medical texts. For instance, problems retained with management of conditions such as Retinits

pigmentosa, Glaucoma, Degenerative neuro-ophthalmic lesions, senile cataract, Age Related Macular Degeneration etc. have remained unsolved since decades. Owing to the difficulties mentioned above, at this juncture there is a need for such drugs which could effectively tackle the above problems. Every country has its traditional cure for its disease. These prescriptions have been evolved based on geographical conditions, flora and mineral resources. A vast number of indigenous drugs coupled with innumerable claims of their varied uses in alleviating wide range of ophthalmic affections calls for scientific validation for their attributes and principles. Ayurvedic literatures record more than fifty ophthalmic plant drugs and more than forty metals minerals having diversified pharmacological actions on visual system and adnexa of the eys. (Srikanth, N. 2000. The actions and uses of Indigenous ophthalmic Drugs, Chaukhamba Sanskrit Prathisthan, Delhi, Srikantha N, Ancient Ocular Therapeutics-An integrated approach. Ayur Medline Vol. I April, 1999, Srikanth N, Hazra, J, A Bird's eye view on single Metal & mineral Ophthalmic drugs-An Ayurvedic Pharmacological basis, Sachitra Ayurved, July, 1999).

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STANDARDIZATION AND DEVELOPMENT OF NEW AYURVEDIC OPHTHALMIC DRUGS (WITH SPECIAL REFERENCE TO OCULAR PHARMACOLOGY)-AN URGENT NEED.***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANTH, R.M. ANAND AND K.D. SHARMA.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA & SIDDHA, NEW DELHI-58.
10	[Insti]	
11	[Univ]	
12	[Year]	Bulletin of Medico-Ethno-Botanical Research, Vol. XXI, No.3-4, July-Dec.2000, pp.81-89.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The substances present in Triphala Kashaya, Rasakriya and Ghrita are not detectable through HPLC analysis in aqueous humor to the sensitivity of 10 gm of solute which is the most acceptable procedure in practice. Alternation in pH, protein binding of the major compounds of Triphala, metabolism of the drug passing through the cornea and high molecular weight of the compounds may be the factors responsible for the compounds of Triphala not been detected in the aqueous humor.

In triphala Ghrita, the lesser polar compounds are likely to be present which includes Terpenes, Steroids and some alkaloids.

The water-soluble compounds might not have been dissolved in ghee as solubility of the compound of these two varies drastically.

The analysis carried out for ordinary ghee and Triphala Ghrita have given same Rf values of 0.6, 0.48 & 0.1.

Gas Chromatography have not shown any change in the peaks between the ordinary Ghrita and Triphala Ghrita indicating Ghrita soluble constituents are not detectable in the medicated Ghee.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***INDIGENOUS DRUGS IN THE MANAGEMENT OF EYE DISEASES.***
5	[ArtEqEng]	
6	[NmeScholar]	S.K. Gupta
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dr. Rajendra Prasad Centre for Ophthalmic Sciences, All india Institue of Medical Sciences, New Delhi
10	[Insti]	
11	[Univ]	
12	[Year]	Proc. National Symposium on the Development of Indigenous drugs in India I.H.M.M.R., New Delhi, April 1988, pp. 199-204.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	There is continuous search for safe, effective and economic drugs for the management of various eye disorders. Keeping these objectives in view, in the present study bebeerines and flavonoids have been evaluated for their anti-trachoma and anti-cataract action respectively. It was observed that berberine eye drops in the concentration of 0.1% and 0.2% when applied topically is highly effective against trachoma having a clinical cure rate of 83.33% and 87.50% respectively. No. systemic or ocular toxicity was observed during the study period. Anti-cataract action of topical quarterin and myricetin was

studied in sugar cataract rats as experimental animal. The findings of the present study reveal that quercetin (0.5%) and myricetin (0.1%) eye drops significantly delay ($p<0.001$) the onset and cataract development in the treated eyes. On 30th day after cataractogenic challenge 100% eyes developed state IV cataract. Dulcitol and aldose reeducate activity was significantly low in treated group as compared to control co-related the anti-cataract action of falconoid.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***AN INSIGHT ON INDIGENOUS OPHTHALMIC MEDICINAL FLORA: AN AYURVEDIC PHARMACOLOGICAL BASIS.***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANTH, A.K. MANGAL And G.S. LAVEKAR.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	Bulletin of Medico-Ethano-Botanical Research. Vol.XXVI, No.3-4 (2005) pp.65-74.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	This contribution highlights hidden knowledge about various ophthalmic plant drugs scattered elsewhere in various corners of ancient literatures of ayurveda and provides the basic knowledge concerning ophthalmic drugs found in medical classic of ancient and medieval period, which forms a base for further research and validation. An attempt has also made to classify the Ayurvedic ophthalmic plants drugs based on their mode of action with Ayurvedic Pharmacological basis.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***SCIENTIFIC EXPOSITION ON MEDICINAL PLANTS INDICATED IN PAINFUL OPHTHALMIC CONDITIONS: AN AYURVEDIC PHARMACOLOGICAL PERSPECTIVE.***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANTH, A.K. MANGAL and G.S. LAVEKAR.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	Journal of Drug Research in Ayurveda & Siddha. Vol.XXVIII, No.3-4, 2007, Pp 26-42.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Antiquity of ophthalmic use of medicinal plants goes back to the period of (1000 B.C.) A mention of different analgesic ophthalmic drugs is found in Garudapurana. The present work aims at exposition of hidden knowledge about single ophthalmic plant drugs indicated in "ocular pain" scattered elsewhere in ancient and medieval Ayurvedic literature and to impart the basic knowledge concerning these drugs which forms a base for further research and revalidation. A special attention has also been made to analyses these drugs based on pharmacodynamic/kinetic priciples mentioned in Ayurvedic

pharmacology, to arrive rational conclusions concerning the probable mode of action of these agents and creating possible basis for formulation of strategy for developing appropriate topical drops and oral dosage forms to achieve ocular analgesia with out adverse effects.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***PREVENTIVE OPHTHALMOLOGY-AN AYURVEDIC EXPOSITION.***
5	[ArtEqEng]	
6	[NmeScholar]	N. SRIKANTH, K.K. CHOPRA
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha, New Delhi-58.
10	[Insti]	
11	[Univ]	
12	[Year]	SACHITRA AYURVEDA, DEC. 2002. PP 449-453.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	By constant observation, experience and clinical trials, authors of remarkable accomplishment of ancient medical science prescribed certain measures to ensure better vision and project the eye from various influences causing blindness such as inflammatory ophthalmic conditions, cataract, glaucoma, nutritional deficiencies and so on. Such ideas are expressed in this presentation based on classical texts.

4.14. GENITO-URINARY DISORDERS

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	19B
4	[ArtTitle]	*UPADAMSHA AND ITS MANAGEMENT*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. P.G. Subbanna Gowda
7	[NmeGuide]	Dr. T.S. Vanajakshamma
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Among the communicable diseases in India Sexually transmitted disease constitute a major problem next to Malaria & Tuberculosis. Some of these are so powerful that they are having the capacity to invade all the dhatus there by they lead to congenital disorders in the offspring. This study was intended to know the efficacy of drug at lowest price with good results. Study on the topic is divided into five chapters is I, II, III, IV, V, deals with Historical review, Nidana panchakas, Chikitsa, clinical trial and discussions, observations. 25 cases of Upadamsha were selected on the basis of signs and symptoms as mentioned in the classics. Rasayandhaka kajjali was given in a dose of 1 masha / day in 2 divided doses along with ghee and milk for 21 days internally, also triphala masi mixed with madhu to apply externally. These two are proved beneficial in relieving diseases. The symptom of the disease subsided gradually after

first week on words 60% cases were relieved of the disease and in remaining 40% cases there was no significant improvement. This indicates that drug is having moderate to good action against the disease Upadamsha.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	123
4	[ArtTitle]	***URINARY TRACT INFECTION AND EFFECT OF TRINAPANCHAMOOLA ON U.T.I***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Mulridhara
7	[NmeGuide]	L.M. Singh, C.G. Sadhana Chatterjee
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	This study is aimed towards searching an ideal therapy for urinary tract infection which is least harmful, economical and reliable and may require minimum laboratory dependence. It includes 54 bacteriologically established patients of urinary tract infection. The patients were divided into three groups. First group was given Trinapanchamoola in decoction form. Second group was put on specific genitive antibiotics. Third group was on combined therapy. The results suggest that Trinapanchamoola showed asymptamic bacteriuria with considerably lesser relapse rates. In combined group rates were high with less recurrence. It also reduces the duration of antibiotic therapy alone was not much encouraging as compared with the two groups. It combined with antibiotic therapy alone was not much

encouraging as compared with the two groups. It can be said that Trinapanchamoola has a definite role in the management of U.T.I. If combined with antibiotics the cure rate is high. It reduces the chances of recurrence and duration of antibiotic therapy.

1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	10
4	[ArtTitle]	***TO STUDY THE ROLE OF TRINAPANCHAMOOLA DECOCTION ON PATIENTS OF MUTRAGHATA WITH SPECIAL REFERENCE TO CHRONIC RENAL FAILURE (An Experimental and Clinical study)***
5	[ArtEqEng]	
6	[NmeScholar]	Hari Shanker Rai
7	[NmeGuide]	Dr.C.B.Dube
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Govt. Ayurvedic college, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1982-83
13	[EnNo]	B.W. 8
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	This thesis is compilation of experimental and clinical study on the MUTRAGHATA with an indigenous drug TRINAPANCHAMOOLA on the basis of careful critical and unbiased doctrines of Ayurveda and Modern medical science. LITERARY SECTION: The know-how of literature is corner stone for any research project therefore Ayurvedic and modern up to date review of literature concerning the MUTRAGHATA with special reference to chronic renal failure has been endeavored to introduce. A new classification of MUTRAGHATA on the basis of its nature and site of evolution has been proposed. MUTRAAPRIVRITIJAH ROGAS (Diseases with scanty urination) twenty in number, as described by VAGBHATTA have incorporated the

MUTRAKRICHRA (Dysuria) and MUTRAGHATA of SUSHRUTA. The thirteen types of MUTRADOSHA and 8 types of MUTRAKRICHRA described by CHARAKA, has also been duly presented. It has been observed that the reduced urinary output is either due to decreased formation of urine in kidney or due to obstruction in free flow of urine. Most of the types of MUTRAGHATA indicate the disease of obstructive uropathy except MUTRAUKSADA and MUTRAKRSHAYA, where urine formation is affected due to disease of Kidney. In AYURVEDIC literature the organs of urinary system like VRIKKA or BUKKA, VASTI etc have been a matter of dispute and disorder of the urinary disease, have been described mainly on the basis of empirical quantitative and qualitative character of urine. It has been tried to give a widely accepted view regarding such discrepancies. The etiology, pathogenesis, symptomatology and principle of treatment of MUTRAGHATA have been described on the basis of doctrines or AYURVEDA and modern medical science. The chronic renal failure and acute renal failure, these two clinical entities of renal failure have been described separately. In these conditions the deterioration of renal function of such severity is achieved that kidney is no longer capable to excrete the waste products in urine and accumulation of these toxic substance as well as hormonal disorders result. Uraemia an old term was used on account of increased urinary contents in the blood. The limitation and lacunae of management of renal failure have been deployed. The pros and cons of dialysis and renal transplantation have also been denuded in this section. The trial drug TRINA PANCHA MOOLA was selected on the basis of its described efficacy on MUTRAGHATA in various AYURVEDIC texts and on invitation of Modern researchers. The suffering and deplorability of patient and limitation of existing conservative management was also considered in this regard. DARBHA, one of the content of TRINA PANCH MOOLA was thought to be controversial in its identity but author himself disentombed the fact that this plant has a separate and distinct identity to KUSHA. The drugs which have been used in this study have also been identified by the Dr.R.N.Singh, head of the Department of DRAVYAGUNA, S.A. College, Lucknow.EXPERIMENTAL STUDY: In order to see the effect of TRINA PANCH MOOLA on healthy and diseased kidney, two experiments were conducted. In first experiment, 18 healthy rabbit were divided into three groups i.e. (i) Control Group (ii) Frusemide Group (iii) T.P.M. Group: each of six on random sampling and diuretic effect of the drug was compared with control and standard group. It was found that T.P.M. has got diuretic action on healthy kidney and value of 't' for C/T C/F and F/T 5.20, 3.05 and 1.94 respectively was calculated against tabulated value 2.228. In experiment no.2, similar groups were formed as in first experiment and rabbits of all the groups were given a nephrotoxic agent (Uranyl nitrate) and their kindneys were damaged. Placebo, Frusemide and T.P.M. were given a nephrotoxic agent (Uranyi nitrate) and their kidneys were damaged. Placebo, Frusemide and T.P.M. were given to 1st ,2nd, and 3rd. groups respectively. The survival time, the urinary out put per day and excretion of toxic substances like urea creatinine and other were noted. The effect on electrolyte excretion was also noted. The mean survival period was 214.16 hrs. 187.83hrs. and 156 hrs. in T.P.M. Frusemide and control groups, respectively. The mean urinary out put was 26.14 + 10.90 ml. per day in control group, 29.10 + 20.70 ml per day in frusemide group and 0.35 + 20.23 ml per day in T.P.M. group. The serum urea level was observed low in T.P.M. group than frusemide and Control group on the 7th. Day of treatment when all the animals of control group died, therefore, further no comparison was possible. As regard the serum creatinine level it was found that its value in T.P.M. group was lower than frusemide and control group on 7th. Day but urinary excretion of creatinine was more in frusemide. This unlike change in S. creatinine indicates sufficient to be emphasized. Histological study of kidney of rabbits treated against the challenge of uranyl nitrate showed regeneration in 50 percent animals of T.P.M. group and no sign of regeneration in other groups was illustrated. We have concluded that T.P.M. has got potent diuretic action on healthy as well as on damaged kidney and its anticatabolic activity, regeneration property have also been explored. It requires a further vigorous study with large sample size.CLINICAL STUDY: After getting an encouraging result on experimental study, a clinical trial was also conducted on 6 patients of chronic renal failure. It has been observed 45.26% and 33.16% reduction in blood urea and serum creatinine respectively. As regard the urine out put 125% increment was noted. The improvement in Hb% in 33.33% of cases on T.P.M. therapy is not explorable. A improvement in 50% cases of proteinuria and 33% of B.P. was also noted. By comparing the excretion of creatinine, its level in blood, in frusemide and T.P.M. Group, it was concluded that T.P.M. minimizes the DHATUAGNIPAK (Catabolism), increased in chronic renal failure. This hypercatabolic state has been a challenging problem to the physician parts. The use of T.P.M. in case of chronic renal failure might be fruitful due to its, diuretic, anticabolic, haemopoetic and regenerative action on kidney specially in these cases who require a bridge for renal transplantation or other successive measures to be invented in future.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	137
4	[ArtTitle]	**THE ROLE OF VASTI IN BENIGN PROSTATIC HYPERPLASIA AND URINARY TRACT INFECTION**
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Sunil
7	[NmeGuide]	L.M. Singh S.D. Rai
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakaya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalkaya
17	[AnyOther]	
18	[Abst]	The present study is in continuation of previous workers and positive findings in the cases of UTI. In the study other disease, BPH with UTI has been included. In the present study 80% cases of BPH were with indwelling catheter, vastikarma along with Samshanan Chikitsa by Ayurvedic drug has been administered in the management of BPH and UTI including symptomatic abacteriurea. Disturbed bowel habits were observed in most of the patients. There was mild rise in serum creatinin level; mild leucocytosis anaemia & raised ESR were observed in BPH cases. The result suggests that in BPH group we can maintain the patients without catheter for the period of 3 months to one year in the absence of Prostectomy.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	47
4	[ArtTitle]	***STUDY ON THE AETIOLOGY AND MANAGEMENT OF ASHMARI AND ITS TREAMENT BY GOKSHURA***
5	[ArtEqEng]	
6	[NmeScholar]	Nayar, P, Sankaram
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1966
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The disease ashmari is very painful in has the image of god of death. Once of the drugs which has been very often mentioned is Gukshura for the medical management of the disease. Albino rats were taken for experimental study. In to their bladder different type of foreign body were introduced to study the of formation of calculates and its aetioglogy. They were in pH also studied after treatment with Gokshura extract and the change and calcium contact of urine and blood were also observed. In all 11 cases of urinary calculi were taken for times clinical study. To them Gokshuradi-Guggulu vati 2 pills 3 times daily with Gokshuradi quath was given 7 cases passed stones urinary often treatment. This varied from one week to 16 weeks. It is referred that the beneficial effect of the drug under study is due to the alteration of environmental by diuresis.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	142
4	[ArtTitle]	***STUDY OF VASTI KARMA IN MUTRA ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Vinay
7	[NmeGuide]	L.M. Singh, V.N.P. Tripathi
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present work on Vastikarma in Mutra roga is in continuation of easier work carried out in the department of Shalya Shalakya. The 36 patients of urinary complaints of Prostatic hyperplasia, U.T.I. Prostatitis etc. were included in the study. Proper laboratory investigations were also done. All the patients were divided in groups I & II of prostatism, and U.T.I. without obstructive Uropathy. These patients were given Shatsakar Churna 3-6 gms. At bed time for two to four days. Then Nirooha and Anuvasan Basti were given alternately for 15 days. It was concluded that Vasti Kriya is helpful in the patients of enlarged prostate, with catholic for long period. It also gives symptomatic relief in majority of patients. It is effective regaining a bacterial status in primary U.T.I. cases as well as relief in U.T.I. symptoms without bacteriuria.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	88
4	[ArtTitle]	***STUDIES ON URINARY DECTROLYTES IN PATIENTS OF UROLETHIASIS TREATED WITH SOME AYURVEDIC DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Chandra, Subhash
7	[NmeGuide]	L.M. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1975-76
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The object of the study was to find out excretion pattern of urinary electrolytes which are the common constituents of stone from normal as well as other urinary disease and whether indigenous drugs used for under thesis have any influence on the excretion pattern of these electrolytes. The study was carried out in 32 patients of urolethiasis, 31 normal control and 15 patients of other urinary disorders. Study of serum & urinary electrolytes were compared with control, urolethiasis & other urinary disorders. Further, 10 patients of urolethiasis were followed after the administration of drug varuna & kulthi in the form of decoction. Estimation of these electrolytes was repeated every month for 3 months. It was observed that urolethiasis patients excreted more ca &

p in comparison to normal and other urinary disorder patients.

It was found that in urolethiasis cases excretion of Ca & P was increased & when it was treated with Ayurvedic drug Varuna & Kulathi the level of electrolytes returned to normal.

4.14. GENITO-URINARY DISORDERS

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	73
4	[ArtTitle]	***STUDIES ON THE MANAGEMENT OF MUTRAKRICHHRA***
5	[ArtEqEng]	
6	[NmeScholar]	Gupta. P.D.
7	[NmeGuide]	L.M. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The present study was undertaken with the objectives of whether it is possible to identify & define the syndromes described in Ayurveda in terms of modern concept of disease & whether the treatments of those conditions by the ayurvedic drugs are effective. The drugs selected are varuna & Trinapanchamoola in the form of decoction. Clinical study was done on 60 patients of three were types of doshik mutra krichhra (16 vataj, 42 pittaj and 2 kaphaj), From the modern stand point 31 were positive in lab. Findings, 19 positive in urine culture and having pus cells in the urine. The drugs have shown encouraging results even though they have been used beyond the indications & showed promising results in relief of symptoms.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	70
4	[ArtTitle]	***STUDIES ON ETIOPATHOGENESIS OF ASHMARI (UROLITHIASIS)***
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Gyan
7	[NmeGuide]	L.M. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	

In the present study an attempt has been made to correlate the Ayurvedic & modern views on etiopathogenesis of Ashmari or urinary calculates. Attempt has been made to include all the parameters of ayurveda as well as modern medicine.

Clinical study was done in 53 cases of calculus; studies were made on constitution, dietery habits, history, symptoms, site and type of stone from the Ayurvedic as well as modern point of view. Routine investigations have been done. Significant correlation of kaphaj constitution & incidence of stones was found in maximum number of patients (72%), 81% of the patients had sound sleeping habits. 35% of patients had high serum calcium values (>11 mg).

In spite of tremendous growth in knowledge, etiopathogenesis of urolithiasis could not been determined and it can be concluded that concept of Ayurveda regarding the etiopathogenesis of urolithriasis have validity in a number of para meters. Studied and further work may be more fruitful.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	117
4	[ArtTitle]	***STUDIES ON BLADDER FUNCTIONS UNDER INFLUENCE OF VARUNA***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Pradeep
7	[NmeGuide]	P.J. Deshpande, S.D. Rai
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The object of present thesis has been to study and to classify the qualitative and quantitative functional derangement of bladder and other adjacent organs in pelvic area and to know whether this deranged bladder tone can be reversed by oral medication (Varuna). Varuna (Crataeva nurvela) was selected for detailed trial in this work. The study conducted in 17 cases of B.P.H., 20 normal controls, and 28 cases with lower abdominal (pelvic) lump (fibroid uterus). Cystometry was considered as chief parameter for assessment of bladder tone. It was concluded that on the basis of Cystometry the best diagnostic procedure, 3 types of bladder are found. Viz Normotonic, Hypotonic and Hypertonic. The patient of both lateral lobe enlargements with or without association of middle

lobe of prostate of longer duration with repeated retention showed hypotonic bladder. Similarly, the big ovarian enlargement showed hypotonic bladder. The patients with mild enlargement several infection and uterine enlargement patients showed hypertonicity of detrusar muscle.

The drug (Varuna) was found very effective in patients with hypotonic bladder. It showed moderate effect in hypertonic cases of B.P.H. it was equally effective in hypertonic cases of uterine enlargement after removal of lump.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	57
4	[ArtTitle]	***ROLE OF VARUNA (CRATEAVA NURVALA) ON URINARY DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	Chopra. K.K.
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The present study is based on the effect of Varuna on 25 patients. The functional capacity of the bladder was assessed by cystometry. The drug was selected for the present study because of its extensive therapeutic use & promising results. Both for clinical & experimental study a very simple & cheap preparation of the drug Varuna decoction were employed. Experimental study was made in two series in albino rats & dogs. Urinary stone was produced & the effect of any drug was assessed by sacrificing the rats on 5 days intervals up to 25th day & complete study was carried out. In other experiment cystometric patterns in dogs, just on the same lines as in human being were studied. It was observed in the clinical study that out of 25 cases, 12 patients were cured & 6 patients showed improvement, while 8 patients remained unchanged after Varuna therapy.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	63
4	[ArtTitle]	***ROLE OF KULATHA IN THE MANAGEMENT OF ASHMARI WITH SPECIAL REFEENCE TO RENAL FUNCTIONS***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Pramod
7	[NmeGuide]	M.L. Singh, G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1971
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Kulatha has its reputation in removing urinary stones. Also called new approach solvent treatment for urinary stones dealt in detail also. For experimental study 48 young albino rats were taken. Glass beads were taken, introduced into bladder by suprapublic cystostomy. They were divided into 24 each, one control group and another treated group. For clinical trial forty cases of urinary disorders were selected and divided into two groups, control and treated, having 25 and 15 cases respectively. It was concluded that Kulath has an important place in the management of urinary lithiasis and could be called as a drug of choice for cases of crystalurias. It improves renal function and hence recovery from renal damage may be earlier under management of Kulatha.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	79
4	[ArtTitle]	***ROLE OF AYURVEDIC MEDICINE IN THE MANAGEMENT OF PITTASHMARI (CHOLI LITHIASIS)***
5	[ArtEqEng]	
6	[NmeScholar]	Batra, Om Prakash
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973-74
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In the present study main effect was made to evaluate the effect of kutaki on the lithogenic potensial of bile in cholelithiasis patients. The problem of cholelithiasis has been studied from many angles, viz. clinical, biochemical, physicochemical, bacteriolo histopathological & experimental studies. The clinical studies were carried out in 45 patients. Administrations of alcoholic extract of kutaki enhance the salubilizing capacity of bile by reproducing. Lithogenic potential.and Possibly it can open new avenue for prevention of formation of the gall stones (pittashmari). It improves the liver function of cholecystisis /cholelithiasis patients. It was

found that kutaki brings down the elevated serum bilirubin, thymol turbidity, serum cholesterol, and alkaline phosphatase, S.G.O.T. /S.G.P.T. to the normal. It also improves the flatulence, dyspepsia, appetite, nausea, biliary colic and constipation.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	92
4	[ArtTitle]	***MANAGEMENT OF UROLEHIASIS WITH TRINAPANCHMOOL***
5	[ArtEqEng]	
6	[NmeScholar]	Sachan, Surendra Singh
7	[NmeGuide]	E. Trinpanca Moola
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The present study has been initiated to manage the urolethiasis with trinapanchmool. The experimental study was divided into two parts; experimental with trial of the drug was conducted in the albino rats. The clinical study was undertaken on 34 patients, out with of which 30 cases were suffering with pain. Out of them 24 were relieved after 4 weeks of treatment, In 22 patients, burning mieturation was main symptom which was relieved in 20 patients within few days. 10 patients were suffering occasionally with haematuria out of them, 8 patients were relieved by the drug. 7 patients were suffering from the dysurea, out of them 6 were cured. Out of 34 total patients, 5 patients passed stone with in one month of the treatment.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	132
4	[ArtTitle]	***MANAGEMENT OF URINARY TRACT INFECTION A DOSHIK APPROACH***
5	[ArtEqEng]	
6	[NmeScholar]	Chandra, Harish
7	[NmeGuide]	L.M. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	This study was undertaken to manage UTI with the drug and vasti karma. It has been done purely on the Ayurvedic principles of management in which restoration of doshik equilibrium is paramount. The patients of UTI having any obvious structural pathology i.e. BPH, structure of urethra & urinary tract calculus were selected for the study 34 out of 40 patients selected have previous history of UTI. Patients were examined on various aspects including doshik type of observations and their relations with the disease have been also discussed. It can be concluded that vasti karma along with samshaman karma by Ayurvedic drug provides better remedy in the treatment of UTI. The results of treatment also verify this Ayurvedic concept the by treating Apan vayu, urinary disorders are controlled. So it is suggested that this approach to be applied in management of other urinary disorders.

1	[ArtID]	
2	[FolNo]	9
3	[SlNo]	33
4	[ArtTitle]	***GOKSHURA KA GUNKARMATMAK ADHYAYAN AND MUTRA KRICHRA PAR PRABHAV***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Vijay Khosla
7	[NmeGuide]	Dr. Y.S. Ghai
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic College, Patiala
11	[Univ]	
12	[Year]	1990-91
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	**Sign & Symptoms :** Burning micturition, increase in frequency of urine, obstruction in urine, yellow coloured urine and haematuria. **Results in Percentage :** Percentage not given but has good diurectic effect in oliguric patients **Laboratory Investigations :** Urine analysis **Conclusion :** It has more effect on burning micturition, inflammation and frequency of urine.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	125
4	[ArtTitle]	***EFFECT OF VARUNATDI KASHAYA IN CASES OF UROLITHIASIS***
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Sushil Kumar
7	[NmeGuide]	S.N. Pathak
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present study was carried out on the effect of drugs Varuna, Gokhuru, Bashanabheda, Sunthi and Yavakrshara, in the management of urolithiasis or crystalluria. In clinical trial 20 cases were studied. The diagnosis was made on the bases of observations on symptomatology, laboratory and radiological. The kashaya of the combination of these five drugs was found useful and effective. When used for 3 months, it prevents the formation of urinary stone also. The study needs further evaluation on large number of cases.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	126
4	[ArtTitle]	***EFFECT OF PARNIYA KSHARA PREPARATION IN UROLITHIASIS***
5	[ArtEqEng]	
6	[NmeScholar]	Pandey, Virendra Kumar
7	[NmeGuide]	K.R. Sharma, K.K. Chopra
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present study has been an attempt towards proving an answer to the most notorious of urinary diseases. The trial was made on experimental as well as clinical observations. The experimental studies made on albino rats have shown no toxic effects of drug Yavakshara, however, in higher doses produced mild hyperphobic effect on bladder mucosa, of different age and sex, having Apamarga Kshara Clinical study was made on 16 patients, of different age and sex, having urolithiasis / crystalluria of varying chronicity, on the basis of observations it was found that these drugs evest a descending force in the urinary tract, probably by virtue of the diuresis, thereby shifting the position of ureteric stone which are ultimately expelled out through urethra. Both the drugs may prevent the formation of stones. But the use of

Yavakshara is to be preferred over Apasmarg-Kshara. Because of its mild toxic effect. Further research work and clinical trials on a bigger group of patients of urinary diseases is necessary for establishing utility of these two drugs in patients of urolithiasis / crystallùria.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	16
4	[ArtTitle]	***A CRITICAL STUDY OF MUTRA NIRMANA DESCRIBED IN AYURVEDA WITH SPECIAL REFERENCE TO MODERN PARAMETERS***
5	[ArtEqEng]	
6	[NmeScholar]	A. N. Pandey
7	[NmeGuide]	Dr. J. N. Mishra
8	[NmeCoGuide]	Dr. Y. D. Shukla
9	[Dept]	Dept. of Sharir
10	[Insti]	Govt. Ayurvedic college & Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	AY/94/01
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kriya Sharir
17	[AnyOther]	
18	[Abst]	The term VRIKKA refers kidney, since it has been used in plural form, though no reference on its function is found in classical literature. It is intra-abdominal structure and situated on the posterior abdominal wall. It is round in shape and is composed of the essence of blood and fat. The filtering unit (excretory unit) is not kidney but Nephron and Kidney is nothing but a collection of such Nephrons. These excretory units filter metabolic end products. Actually, Mutra Nirmana Prakriya begins from Bowman's capsule and ends at distal tubule. The Rasa (plasma) is cleaned through filtration at the level of kidney. 'Mutra Nirmana Prakriya' includes three processes: filtration (Bowman's capsule), Reabsorption (Distal tubule) and Secretion (Epithelial cells of the tubules). Sushruta, has laid down the example of earthen pitcher

probably just to define the permeability of the glomerular membrane which is greater than usual capillaries in spite of a number of layers. Mahasrotas is directly related to kidneys from the water input and output point of view. Inway gate of water is Mahasrotas where as outway of water is Nephrons. Mutravaha srotas may be taken from Glomerulus with special reference to 'Ayanamukha'. Regarding 'Mutravaha Srotas mool', the difference of opinion between Sushruta and Charaka is due to Sushruta being a surgeon and Charaka being a physician. The discussion regarding Vasti, leads to urinary bladder which is a reservoir of Urine, collecting urinary fluid through Mutravaha Nadis. The Nadis, carrying water from large gut, ultimately to Vasti (Urinary bladder), numerous in number, are the channels through which, as a result of osmolarity pressure gradient, water is carried to blood circulation and from there to urinary bladder through kidneys. But, the urine in bladder depends upon the water absorption in large gut. Regarding Mutrava Dhamanis, it is interpreted that there are definite arteries which are concerned to tuft of Bowman's capsule and are only related to urine filtration. On the other hand, there is no hesitation to state that all Dhamanis are not related to 'Urine Formation'. A term, 'Mutravaha Siras' has also been mentioned by some workers which describes the filtered Urinary part out of which the maximum quantity of water is reabsorbed in distal tubule and ultimately pushed to renal Siras. Gavinis, appears to be termed as Ureters which collect the urine from kidneys. Mutravaha Srotas and Mutravaha Dhamanis are never one which is differentiated by classics also. It is mis-interpretation of the Ayurvedic literature that Urine is formed from 'Pakvashaya' (large gut) rather the interesting point is that water is absorbed throughout the gut, but the science of Ayurveda has classified the water absorbed from 'Pakvashaya' to solidify stool and the water absorbed from the Mahasrotas before the 'Pakvashaya' is a nutrient. The importance of 'Pakvashaya' has been attached to 'Mutra Nirmana Prakriya', since flow of water depends simply on the presence of Osmotic gradient in the gut. The water transport in the gut is followed through sodium, thus Mahasrotas acts as a pump to push the water in to intestinal epithelial channels, ultimately entering the blood circulation. That is why the role of Mahasrotas in general and Pakvashaya in particular is important from the Urine formation point of view. The circulatory water load solely depends upon the water absorption conditions in the gut, especially in large gut. This mystery has been noted by the Ayurvedists, therefore, probably the so much importance of 'Pakvashaya' has been attached to 'Mutra Nirmana Prakriya'. The Ayurvedic science was not very much fascinated and concerned to detail study of physiology of Mutra Nirmana rather the conclusive observation has been noted regarding balancing of the water in the body through the water loading mechanism at the large gut and the water reducing mechanism at the level of Vasti. The different terms such as Mutravaha Siras, Mutravaha Dhamanis, Mutravaha Srotas, Mutravaha Nadis and Gavinis, clearly reveal that Ayurvedic Acharyas very well knew about the excretory mechanism, the importance of renal vein and artery and Ureters etc. The shape of Vasti as inverted pitcher removes the doubt about the urinary bladder because the similarity of Urinary badder and Vasti appear to be like inverted pitcher.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	16
4	[ArtTitle]	***ROLE OF BRIHATYADI YOGA IN MUTRAVIKARAS WITH SPECIAL REFERENCE TO ALBUMINURIA***
5	[ArtEqEng]	
6	[NmeScholar]	K.Rajalekshmi
7	[NmeGuide]	Dr. P. Sankarankutty
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa-Panchakarma
17	[AnyOther]	
18	[Abst]	Now a days, Mutravikaras or Urinary disorders are found to be an universal problem. Among this Albuminuria is one of the commonest phenomenons especially in Nephritis. This condition can be seen in generalised Oedema, Pregnancy and a group of Hypertensive patients etc. Speedy recovery has been found by the use of diuretic drugs. The same principle of treatment is following by all the system of medicine. But most of the Modern diuretics now prevalent in use are functioning as only diuretic while the medicines used by the Ayurvedic practitioners are functioning as diuretics as well as it corrects the functions of urinary system. The present study aims to find out the efficacy of Brihatyadi Kvatha which is very cheap and easily available drug in Mutravikaras especially in albuminuria.Patients were selected for the clinical study as per the criteria fixed. All Modern and Ayurvedic

parameters were utilized for proper assessment. The presence of albumin was studied both qualitatively and quantitatively before, during and after the treatment. After the systemic and laboratory investigations all the patients were given Brihatyadi Kvatha for a period of fifteen days. The results reveal that Brihatyadi Kvatha has a wide range of action. It acts as a bactericidal, analgesic and anti-inflammatory and also proved as a potent Ayurvedic diuretic drug. The experimental studies confirmed the effect of clinical trial. In the beginning of Clinical trail the average output of urine was 736.66 ml. and it was raised to an average 1643 ml. The most significant phenomenon is that all the patients have some better feelings during the course of the treatment unlike other diuretics. During the follow up period it was revealed that no relapse was noted to these patients. The quantity of output of urine slightly reduced after the withdrawal of this therapy, but it was not gone below the normal range. From this it can be assumed that the effects produced by the Brihatyadi Kwatha are a permanent one except in its diuretic efficacy and it helps to maintain the normal function of the kidney.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	143
4	[ArtTitle]	***AN AYURVEDIC APPROACH TO URINARY DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	A.R. Acharya
7	[NmeGuide]	L.M. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	A limitation of modern medicine and surgery in the management of Benign Hypertrophy of prostate gland is an open fact. In this study 40 patients of early stages of BPH and also those having unwitting catheter in retention of urine were selected for management on Ayurvedic lines. Abhyang, Awedaha and Basti Karma alongwith Samana Chikitsa were tried in patients of both the groups. Drugs used were Shatshakr churna, Varuna decoction and sudha kupilu. The results suggest that more than 60% of patients of group II can live a catholic free life after the therapy for 3 to 6 months. In group I (early stage of BPH) it gives symptomatic relief in almost all the patients) Hence, this new approach could be considered as an alternative therapy where surgery in contraindicated.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	27
4	[ArtTitle]	***A STUDY OF URINARY TRACT INFECTION VIS-À-VIS MUTRA KRICHRA AND ITS TREATMENT WITH CANDANASAVA***
5	[ArtEqEng]	
6	[NmeScholar]	K.N.Goel.
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The objective of the present study was to evaluate the clinical pathological pattern of mutra krichra vis-à-vis urinary tract infection and to make a clinical trial of the Ayurvedic compound drug Candanasava to assess its clinical and micro biological efficacy in the treatment of urinary tract infection. A series a 52 cases of lower urinary tract infection were registered for clinical study, out of which 40 cases were selected for therapeutic trial. The patients under trial, after based assessment, were administered Eandanasava (a compound asava preparation in the dosage of 40ml in two divided doses for six weeks. The patients were assessed in terms of favorable shift of grading of various symptoms and

signs and also the laboratory findings including urine culture and serial pH changes in urine.

The over all assessment was that the drug Candanasava was very effective in cases of lower urinary tact infection.

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***TO EVALUATE THE EFFECT OF AYURVEDIC DRUGS (A HERBOMINERAL COMBINATION OF SVETA PARPATI WITH KULATHA KWATHA IN THE MANAGEMENT OF MUTRASMARI (UROLITHIASIS)***
5.	[ArtEqEng]	
6.	[NmeScholar]	Anil Kumar and Naresh Kumar
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Regional Research Centre for Ayurveda, Jammu.
11.	[Univ]	
12.	[Year]	J. R. A. S. Vol. XVI, No. 1-2, (1995) pp. 35-42
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	Present study was under taken with the view to assess the therapeutic efficacy of Sveta Parpati with Kulatha Kwatha in urolithiasis. Total 30 cases were studied of which 17 were having renal calculus & 13 were having ureteric calculus. The selection of cases and results thereof were based upon the radiological findings along with symptomatic assessment before and after the treatment. The study reflects that this drug combination is effective in relieving different symptoms of the disease along with remarkable radiological changes (particularly in the cases with ureteric calculus).

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***TO EVALUATE THE EFFECT OF EFFECT OF AYURVEDIC DRUGS SVETAPARPATI WITH PASANA BHEDA AND GOKSHURA, IN THE MANAGEMENT OF MUTRASMARI (UROLITHIASIS)***
5.	[ArtEqEng]	
6.	[NmeScholar]	B. N. Sannd, Anil Kumar, Naresh Kumar
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Regional Research Centre for Ayurveda, Jammu.
11.	[Univ]	
12.	[Year]	J. R. A. S. Vol. XIV, No. 3-4, (1995) pp. 98-114
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	The clinical study was based on the principles of Ayurvedic pharmacodynamics and other classical references. The analysis of the patients were made with reference to age, sex, religion, occupation socio-economic status, physical activities, diet, built, emotional stress, dependency on drugs, deha prakrti, manasa prakrti, disease aggrevating and relieving factors, past history, family history, duration of disease, clinical features of the disease, pathological and radiological findings. 14 Patients of Vrkkasmari (Renal calculi) and 16 patients of Gavini-asmari (ureteric calculi) were included under the study. The results of the study are very encouraging, alongwith the high percentage of symptomatic relief, our study proved

pathologically and radiologically that 28.57% of patients of renal calculi and 75% of patients of ureteric calculi passed their calculi completely and in other patients there was marked or partial expulsion of calculi or dislodgement of calculi or there was change, in shapes, sizes and consistencies of calculi. The present study highlights the utility of this herbomineral combination in the successful management of Mutrasmari (Urolithiasis).

19.	[ArtID]	
20.	[FolNo]	
21.	[SlNo]	
22.	[ArtTitle]	**CLINICAL EVALUATION OF SIRISA TWAK KVATHA IN THE MANAGEMENT OF TAMAKA SHWASA (BRONCHIAL ASTHAMA)**
23.	[ArtEqEng]	
24.	[NmeScholar]	G. K. Swamy, P. P. N. Bhattathiri, P. V. Rao, M. V. Acharya and T. Bikshapathi
25.	[NmeGuide]	
26.	[NmeCoGuide]	
27.	[Dept]	
28.	[Insti]	Regional Research Centre (Ayurveda), Vijayawada.
29.	[Univ]	
30.	[Year]	J. R. A. S. Vol. XVIII, No. 1-2, (1997) pp. 21-27
31.	[EnNo]	
32.	[Lang]	English
33.	[Study]	
34.	[SubStudy]	
35.	[AnyOther]	
36.	[Abst]	Tamaka Shwasa (Bronchial asthama) is characterised by episodes of exacerbations and aimeliorations. The decoction of Sirisa stem bark was found to be significantly effective against bronchospasm induced by histaminic acid phosphate and shown to exert di-sodium cromoglycate like action on mast cells. The paper highlights the results of clinical trials conducted with Sirisa Twak Kvatha at I.P.D. level on 19 Tamaka Shwasa patients. The results were assessed in terms of clinical recovery and functional improvement. A considerable fall of total W. B. C. count ($P<0.01$) eosinophil coung ($P<0.001$), E. S. R. ($P<0.01$) and increase levels of PEFR ($P<0.001$) were observed which were found statistically significant also. The effect of treatment based on the subjective and objective parameters were highly significant ($P<0.001$).

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***TO EVALUATE THE EFFECT OF PALASA KSARA IN THE MANAGEMENT OF MUTRASMARI (UROLITHIASIS)***
5.	[ArtEqEng]	
6.	[NmeScholar]	Anil Kumar and Naresh Kumar
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Regional Research Centre for Ayurveda, Jammu.
11.	[Univ]	
12.	[Year]	J. R. A. S. Vol. XVI, No. 1-2, (1995) pp. 43-50
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	The present study, to evaluate the effect of Palasa Ksara in the management of Mutrasmari (urolithiasis) was undertaken to assess the classically mentioned efficacy of the drug. The study was carried out on 50 cases of Mutrasmari of which 24 cases were of renal calcult and 26 cases were or ureteric calculi. This clinical study was in accordance with the principles of Ayurvedic pharmacodynamics and other classical references. The establishment of nephrouretero calculi was based upon the radiological finding. It was concluded that different diet factors, low urinary output and suppression of urge to avoid urine play major role in the formation of calculi. The effect of the drug was found more marked in the expulsion of the ureteric calculi as compared to renal calculi.

4.15. WOMEN AND CHILD HEALTH CARE

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	156
4	[ArtTitle]	***CLINICAL AND LABORATORY STUDIES ON KRIMI ROGA IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	S. Nand
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1971
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Although effective treatment of Giardiasis in available in modern medicine but being toxic cannot be administered in infants freely. So Indrayava (holarrhena antidysentric) was put to trial for the treatment of giardiasis. Powder of Indrayava was given in the doses of liha 800mg/kg body wt. in three divided doses daily for 14 days. On the basis of absence of giardiasis (cyst) from the stool of three consecutive days (36.00) cases were cured, 3 relapsed and 14 (56.00) remained unchanged where as in control group (Furoxon treated (60% were cured, 4(26.70%) relapsed and 2(13.30) remained unchanged.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	197
4	[ArtTitle]	***CONTRIBUTION OF KASHYAPA SAMHITA IN PEDIATRICS***
5	[ArtEqEng]	
6	[NmeScholar]	V.L.N. Sastry
7	[NmeGuide]	C. Chaturvedi, K.N. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Kashyapa Samhita as available in the present times, although suffers from many discontinuations, but still can be kaumarabhritya which is attributed the priority among the eight branches of Ayurveda has also not been spared from the convictions prevailing in the Ayurvedic field. In this critical context, as a measure to save the same, the inspiration has lead to contemplate the quantum of Kshyapa's share to the said purpose. The present work highlights the specific contributions of Kashyapa with special reference to children All the scattered material has bee readjusted with emphasis of the research worker.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	154
4	[ArtTitle]	***EFFECT OF CERTAIN INDIGENOUS DRUGS IN CONVULSIONS IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	S.P. Dixit
7	[NmeGuide]	P.V. Tiwari, S.K. Dixit
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Convulsive disorders are common during childhood period. This experimental clinical study aims to evolve some potent anticonvulsant drug as modern anticonvulsants like Phenobarb. Are habit forming and toxic, Shankhapushpi (C. decussate) alcoholic exit. Vatakulantak Rasa (VKR) and Krishna Chaturmubh Rasa (KCMR) were tested in albino rats in varying dosed against electro and chemo convulsive shocks shankhpushpi showed anticonvulsant property in the doses of 10, 15 and 20mg.100mg body wt. As compared to phentoin Sod (<0.05). Protection against chemo convulsive shock was seen in 20mg/100mg body wt. (53%). The drug also possess hypnosis potentiation activity (<0.001) as compared with control groups. As LD50 of shankhpushpi was 7.6mg/100mg body wt. (Alcoholic ext). The drug was discarded from human use. VKR & KCMR prevented electro shock effectively but

VKR having upper hand. On clinical evaluation both drugs were found unsatisfactory in acute convulsion, but 6 cases (chronic) treated with KCMR, 66.6% were cured, 16.6%improved and 16.6% remained unchanged. Similarly, out of 7 cases treated with VKR 42.8% were found cured, 42.8% remained unchanged, 14.2% did not completed follow up.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	188
4	[ArtTitle]	***EFFECT OF DADIMA CHATUSSAMA IN BALATISARA***
5	[ArtEqEng]	
6	[NmeScholar]	Shankar, Hari
7	[NmeGuide]	C. Chaturvedi, K.N. Agarwal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Dadima-Chatussama is a highly praised recipe in the Ayurvedic Classics as well as easily available and palatable to children. Keeping in view all these aspects, Dadima Chatussama was put to preliminary clinical trial in children suffering from Balatisara (Non specific diarrhea). As regards to the toxic manifestations, the drug did not show any toxic features in albino rats in 10 times the doses of the therapeutic doses, thus safe for clinical use. Sample of present study contained 24 children suffering from non specific diarrhoea (age-one month to 10 years) Treatment of these children from the drug showed 80% relief from symptoms within one week & 11% cases within second week and rest 9% cases remained unchanged.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	172
4	[ArtTitle]	***EFFECT OF KUTAJA (HOLARRHENA ANTIDYSENTRICA) IN CHILDHOOD GIARDIASIS***
5	[ArtEqEng]	
6	[NmeScholar]	Tiwari, Gopal
7	[NmeGuide]	C. Chaturvedi, G.P. Katiyar
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1975
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Kutaja has been much praised for the treatment of gastrointestinal disorders. The present study was conducted to evaluate efficacy of Inderjava in the doses of 50mg.kg body wt. for 7 days. Twenty cases who completed the total follow up were kept in the final sample. Criteria for cure were negative stool report for three consecutive days. At the end of treatment 18 cases had symptomatic as well as clinical relief where as 2 cases remained unchanged.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	202
4	[ArtTitle]	***MANAGEMENT OF POST POLIO PARESIS WITH CERTAIN AYURVEDIC RECIPES***
5	[ArtEqEng]	
6	[NmeScholar]	Malhotra, K.B
7	[NmeGuide]	C.Chaturvedi,K.N.Agarwal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Poliomyelitis is the biggest crippling disease in whole of the world, especially in the developing countries like India. The present study is devoted to explore the efficacy of an Ayurvedic recipe "Brihat Vata Chintamani" containing Swarna & Mukta Bhasma. 30 children suffering from post polio paresis were selected and divided into two groups. A (10 children) &B (20 children). Group A received the standard formula, while group B got modified Brihat Vata chintamani (swarna & mukta) in the doses of 100mg./kg in 2 divided doses with honey. All the children, in addition to above therapy, were given Abhyanga with Mahamasha Taila followed by pinda Sweda. Out of 10 cases of Group A, 7 were declared as cured, 2 cases

improved and one remained unchanged. Whereas in group B, having 20 cases, 10 were found cured, 6 cases improved and rest of the four remained as unchanged.

The studies clearly indicate that Brihat Vata Chintamani without Swarna and Mukta (modified formula) is equally effective as textual formula containing Swarna and Mukta.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	159
4	[ArtTitle]	***ROLE OF CERTAIN INDIGENOUS DRUGS IN H.NANA INFESTATION IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	R.D. Sharma
7	[NmeGuide]	P.V. Tiwari, S.K. Dixit
8	[NmeCoGuide]	C. Chaturvedi
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1972
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	H. nana which was presumed to be non pathogenic, is now well known to produce mild symptoms of nausea, pain abdomen to severe nervous disorders like convulsions in children. Very few drugs which are available to eradicate H. nana, are toxic and occasionally effective. The present study was initiated to assess efficiency of Kampillaka (Mallotus philipinonsis) and Vacha (Corus Calamus) in by menolepiasis. Preclinical studies conducted to evaluate toxicity and proble action on intensive (smooth muscle) revealed that Kampillak in nontoxic in the rapeutic doses. The drug causes spasm in lower doses (water soluble portion of ext.) 4x10” mcg/ml but relaxation in high doses. Alcoholic ext. of Kampillaka in the doses of 200mg B.D. in children above 5 years of age and 100mg B.D. those below 5 years for 2 days. On the basis of

negative stool report (toll's tech) for three consecutive days and symptomatic relief, 33 cases (94.28) were labelleas cured 1 (2.86) relapsed and 1 (2.86) remained unchanged. Vacha power did not show any efficacy.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	211
4	[ArtTitle]	***STUDIES ON EFFECT OF KUMAR KALYAN AVLEHA ON BORDER LINE MENTAL RETARDATION IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	Prakash, Hem
7	[NmeGuide]	Romesh Sharma,A.M Tripathi
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti -Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti- Bala Roga
17	[AnyOther]	
18	[Abst]	

Among the various categories of mental retardation, Borderline mental retardation (children having IQ between 98-83). These children are vulnerable to various psychosomatic problems. Long list of Medhya drugs is available in Ayurvedic texts and “Kumar Kalyana Avaleha“ is one of them and claimed to modify intellectual functions in children.

The sample of 25 border line mentally retarded children for the present study (age 6-9 years) were randomly divided into two groups A&B. 15 children of Group A were treated with the test drug (200mg/kg/day) in two divided doses for 6 months and Group B 10 children received the placebo in similar doses for same period. The children were also exposed to various psychological parameters which include Malins Intelligence scale of Indian children, Revens coloured progressive matrices, Hutt's adoptation of Bender Getalt test. Significant change in intelligence quotient (total score) in group A indicate that the drug may help to modify intelligence levels of BMR children.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	203
4	[ArtTitle]	***STUDIES ON MEDHYA EFFECT OF ASTAMANGALA GHRTA IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Abhimanyu
7	[NmeGuide]	C.Chaturvedi K.N Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti- Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti -Bala Roga
17	[AnyOther]	
18	[Abst]	Certain Medhya drugs are described in Ayurvedic texts for enhancing intelligence, curing mental illness and mental retardation as well as other psychological illness. The compound Astamangala Ghrita chosen for the present study appears in Kashyapa Samhita, Astanga Hridaya and Bhaishajya Ratnavali. Thirty primary school children, were collected from suburbs of varanasi and after screening standard psychological parameters, all are randomly divided into three groups A,B, & C Group A contained 10 EMR (Educable Mentally Retarded) children and group B had 10 normal I.Q children and group C possess 10 EMR and served as control.Group A&B received Astamangala Ghrita and group C being matched control Go/ cow's ghrita in similar doses (0.5ml/kg

wt.) for 3 months.

By the finding of the study, it can be clearly inferred that Astamangala ghrita is a very potent drug for renovating and revitalizing, components of intelligence in E.M.R. children as well as in normal children.

The use of this drug may help to manage the mentally retarded children and may provide a successful answer for the welfare of E.M.R. children in particular and the society as a whole.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	178
4	[ArtTitle]	***TREATMENT OF ASCARIASIS IN CHILDREN WITH SINDUWARA (VITEX NEGUNDO LINN)***
5	[ArtEqEng]	
6	[NmeScholar]	JHA, KRISHNA MOHAN
7	[NmeGuide]	C. Chaturvedi, G.P. Katiyar
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Many single and compound drugs have been referred for the treatment of Krimi roga but no one is mentioned for particular Krimi. The present clinical study was initiated to assess the efficacy of Nirgundi seeds in ascariasis. Thirty two children, between 4-9 year of age having infestation of Ascaris lumbricoides, were treated with Nirgundi seed powder in the doses of 100mg/kg body wt. in two divided dosed for 15 days. At the end of treatment, 21 cases reported complete relief from symptoms however only 8 cases had negative stools for ova of Ascaris lumbricoides. 7 cases reported symptomatic relief with slight reduction in ova count (Stoll's Tech)4 cases did not show any change. On the basis of above observations 8 (25%) cases were labeled as cured, 13(40.62) improved, 4(12, 50) partially improved and 7 (21.88%) cases remained unchanged. Thus Nirgundi seed seems to have weak efficacy in ascariasis.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	164
4	[ArtTitle]	***EFFECT OF CERTAIN INDIGENOUS DRUGS IN EOSINOPHILIA IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	R.B. Sahu
7	[NmeGuide]	P.V. Tiwari, S.P. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	A considerable number of cases suffering from chronic respiratory ailments have raised eosinophil count such condition is termed as tropical pulmonary eosinophilia. Although diethyl carbazine (DEC) has been used successfully but at certain times desired results are not achieved. The present study was initiated to know the efficacy of Shati (Hedychium Spicatum) in TPC. Initial animal experimental study reveals that Shati has the capacity to suppress histamine induced eosinophilia in the doses of 700mg.kg.body wt. which was parallel to 100mg.kg body wt. of DEC in guine pigs. Clinical study conducted in children suffering from TPE, Shati produced excellent relief in the doses of 70mg/kg body wt. The results were compared with 10mg/kg body wt DEC for 21 days. Symptoms like hepato splenomegely, lymphademopathy and radiological findings normalized with

2-2.5 month's treatment. The cure rate observed in Shati treated cases was 86.33%, 33.33% cases improved and 10% cases remained unchanged where as in DEC group 80% were cured and 20% remained unchanged.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	217
4	[ArtTitle]	***EFFECT OF KHANJANIKARIRASA IN BALAPAKSHAGATA***
5	[ArtEqEng]	
6	[NmeScholar]	B. V. S. Reddy
7	[NmeGuide]	R.D.Sharma, B.D Bhatia
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti Bala Roga
17	[AnyOther]	
18	[Abst]	Locomotor disability is not a curse for the children only but a permanent mental to richer for their parents. Such children ultimately grow as nonproductive citizen but rather become burden for the society. No any positive answer is available from modern medicine to overcome this problem, However, some Ayurvedic research have shown some light towards the problems. The present study is also a step to find out the efficacy of a compound drug Khanjankari Rasa, described effective for the management of Paksaghata and Khanjanika disorders. It contains purifical Vismusti, Lauha Bhasma, Raja Bhasma, triturated with decoction of Arjuna. 40 cases selected for the study, have been divided into four groups A,B,C, and D, each having 12, 12, 9 and 7 children.

Group A and B have been provided test drug (12 g /kg body wt. in two divided doses) for 3 months, where as group C and D (control) have received B – Complex in therapeutic doses for similar period. After passing a acute phase, massage of Mahamasa taila and simple oil has been advised to treated and control group, respectively, along with physiotherapy and followed for 3 months.

The findings of study indicate that Khanjankari Rasa is a potent recipe for the treatment of acute polioparesis as compared to conventionally used modern therapy. In chronic polio paresis it improve tone and power significantly but less extent in correcting muscle wasting. Khanjankari Rasa may exhibit better results if continued for long period.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	151
4	[ArtTitle]	***EFFECT OF LEHA CHIKITSA IN BALAROGA WITH SPECIAL REFERENCE TO BALASHOSHA (MARASMAUS)***
5	[ArtEqEng]	
6	[NmeScholar]	O.P. Lalit
7	[NmeGuide]	P.V. Tewari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1968
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Nutritional disorders are one of the major health problems in developing countries during this childhood. Marasmus and Kweshiorkor are two forms of protein malnutrition. Clinical features of Balashosh are nearer to marasmus or marasmic kweshiorkor. Kashyapa Samhita has mentioned various lehas (lickables) and their properties. Experimental study conducted in rabbit's revealed increase in appetite and weight as compared to control group. Hemoglobin, serum protein, AG ratio, serum calcium and phosphorous were also found increased but lesser than treated control (provitex 5mgs and rabolin 4 drops per day). Clinically study was conducted in 62 children received leha (group 'A') in the doses of 3gms.day, 20 children in group 'B' received provitex 2.5gm/kg body wt. along with Grabolin 4-20 drops as per age. 10 cases of group

'C' were put on normal routine diet. Treatment was continued for 3 months. Marked gain in weight and TRBC count was noticed in group 'A' serum proteins increased in group 'B' but no significant change in serum calcium and phosphorus. Increase in appetite was earliest in group 'A' than group 'B' & 'C'.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1425
4	[ArtTitle]	***STUDIES ON PHAKKA ROGA INCLUDING BALASHOSHA***
5	[ArtEqEng]	
6	[NmeScholar]	B.S.Dixit
7	[NmeGuide]	P.V.Sharma, P.V.Tiwari
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Phakka roga and Balashosha have been referred in Kashyapa samhita and Ashtanga hridaya respectively but on the basis of etiopathogenesis both diseases seem close to each other. Present study envisages effect of Kumarkalyana ghrita in the children suffering from Marasmus, Kwashiorkar and Rickets. The study was conducted in 223 children between the age of 6 months - 5 years. Out of which 170 cases of Marasmus were kept in group A, 15 cases of kwashiorkor in group B, 18 cases of Rickets in group C and remaining 20 children were kept as control in group D. All the children except group D received 50 gm Kumarkalyan ghrita thrice daily for 6 months. Group D was provided pure non medicated ghritas. Results of the study were assessed on the basis of change in weight, Hb%, serum proteins, and calcium and phosphorus levels. Out of

170 cases of Marasmus 85 (50%) were cured, 40% improved and 10% remained unchanged while in group B 26.65% were cured, 46.67% improved and 26.66% cases remained unchanged. Group C cases showed 36.66% improved and 66.66% remained unchanged.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	210
4	[ArtTitle]	***STUDIES ON EFFECT OF 'KUMAR KALYANA VALEHA' ON GROWTH AND DEVELOPMENT IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	Powar, Sudhakar R
7	[NmeGuide]	Romesh Sharma K.N.Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti- Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti -Bala Roga
17	[AnyOther]	
18	[Abst]	Many Lehas and prashs have been prescribed for achieving optimum growth and development standard. The drug Kumar Kalyana Avaleha is one of such recipe and has been included in the study. Twenty two male children were selected on the basis of psychological parameters and randomly divided into two groups. Group A comprises 13 children and served as treated group, whereas group B consisted 10 children behaving as control group. Group A received the test drug in granule form (modified form) in the doses of 130mg/kg/day in 2 divided doses for 3 months. Group B received the placebo in similar dosage and period. Observations after 3months of treatment on physical parameter revealed marginal gains in group A in

weight, mid term circumference and triceps skin fold thickness. Although the mean difference was not significant but when compared with findings of group B there was gradual increase in weight each month as well as total gains at the end of three months. This indicates that the drug may be helpful in promoting physical growth in children; it is continued for longer period.

The drug was also found to vilalize psychological functions, I.Q. increased significantly in group A ($p<0.001$) which indicate that kumar kalyana avaleha has potency to enhance intelligence levels in such children.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	205
4	[ArtTitle]	***STUDIES ON EFFECT OF VATAGAJANKUSH RASA IN POST POLIO PARESIS***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Anil Kumar
7	[NmeGuide]	C. Chaturvedi K.N.Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti- Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti -Bala Roga
17	[AnyOther]	
18	[Abst]	India being a country with high rural population is facing a Herculian task to combat polio infection. Although a lot of work has been done to minimize the incidence of polio but with little success. The present exploratory peace of work is an approach to tract post polio paresis with Ayurvedic recipe "Vata Gajankusha Rosa". 30 cases of post polio paresis have been selected for the study and divided into group A & B. 16 cases of group A received Vata Gajankusha Rosa in the dose of 5mg/kg body wt per day in two divided doses, with honey while 14 cases of group B (control) received syp. B- complex orally. After passing of acute phase (1 month) centripetal massage with Narayana Taila & physiotherapy were also advised. Assessment of efficacy of drug was done on the basis of relief

in symptoms & change in signs like tone, power, co-ordination of muscle & improvement in sensory symptoms and reflexes. On the basis of criteria fixed for assessment of relief, 56.25% of cases fully recovered 37.5% improved; remaining 6.25% of cases did not get any relief in group A whereas in group B, only 11.43% cases were fully recovered; 37.14% improved and 21.43% remained unchanged. The results show that the drug is remarkable effective in post polio paresis.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	160
4	[ArtTitle]	***STUDY OF BALAGRAHAS WITH SPECIAL REFERENCE TO MUKA MANDIKA (INDIAN CHILDHOOD CIRRHOSIS)***
5	[ArtEqEng]	
6	[NmeScholar]	C. H. S. SHASTRI
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1972
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Balgrahas seem to be some form of microbes with the capacity to infect children as per references available in Ayurvedic texts, however they are also capable to produce some form of behavioural symptoms. Sushruta samhita has described 9 balagrahas where as 12 grahas by vagbhta (5 male and 7 female). These Grahas produce 40 types of symptoms i.e. neurological, gastrointestinal with loose motions, prominent veins over abdomen and skin eruptions. She demon Mukhamandika produce symptoms of altered appetite, veins over abdomen, bright shine over face and limb along with emission of smell of urine from the body. These signs resemble Indian childhood cirrhosis (I.C.C.) except terminal jaundice which might have been considered a separate entity. Experimental study conducted in albino rat's pre- treated with

CCL4 to produce liver damage revealed that Kuberaksha in the doses of 100mg/kg body wt. prevents liver damage as compared to placebo. Animals fed with compound drug containing Bilvapatra, Agnimanth, Bhringraja, Kuberaksha, Pippali and Sharpunkha in the doses of 100mg/100gm body wt. could not initiate reparative changes. Pippali caused mild hepatic damage changes and slaved regeneration of liver. Capcicum in therapeutic doses did not produce significant liver damage.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	35B
4	[ArtTitle]	***A STUDY ON ARTAVA VIKARAS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. R. Shylaja Kumari
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	20 patients were selected for the clinical trial for all the patients 'Rajapravarthini vati' prepared by Zandu pharmaceuticals was given drug 70% of the cases got cured, 20% moderate improvement and 10% mild improvement is seen. Constant use of drug is more beneficial than the use of drugs only in the restricted period. Aniyatharthava was also corrected by the use of the drug. Scholar has mentioned that 20 cases are not enough to come to a proper conclusion. However further study of the subject is needed.

1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	38
4	[ArtTitle]	**CLINICAL EVALUATION OF THE EFFECTS OF DIFFERENT PART OF BEEJAKA (PTEROCARPUS / MARSUPIUM ROXB) ON ASRIGDARA**
5	[ArtEqEng]	
6	[NmeScholar]	Dr.P.Jayasree
7	[NmeGuide]	Dr.V.G.Neginhal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	Ragiv Gandhi university of Health Sciences.
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Two different parts bark and heart wood of the plant pterocarpus marsupium roxb was taken to evaluate the action in bleeding disorder Asrigdara. 3 groups A,B,C, was done and treated with decoction of heart wood, bark and a placebo of carminative mixture IP respectively. Decotion was administered in dose of 50ml. twice daily for 30 days. The signs and symptoms reduced within 15 days of continuous treatment in group A in comparision with group B which was below 50%. For 2 consecutive menstrual periods at the end of 30 days of treatment, all the cases of group A & Group B showed improvement in general conditions and freed from the signs and symptoms asrigdara on the contrary no improvements in groups C.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	187
4	[ArtTitle]	***CLINICAL STUDY OF EFFECT OF PHALA GRITA IN FEMALE INFERTILITY***
5	[ArtEqEng]	
6	[NmeScholar]	OBEJA, SURBALA
7	[NmeGuide]	D.N. Mishra, P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Problem of sterility is as old as history of mankind in which a couple is involuntarily childless. Such couples comprise 10-17% married population of child bearing age. Drug treatment for sterility is usually nonspecific hormonal preparation which is not devoid of toxic and side effects. 'Phalaghrita' is one of Garbhasthapan drugs which have been used in the present study. 100 cases of primary and secondary sterility between 25-35 years age formed the sample of study. More than 55% case had oligomenorrhoeaary or Dysmenorrhoea. Primary sterlity cases were kept in group A where as group B contained case of secondary sterility. Half cases of each group were divided and pooled in group I & II. The cases of group I were provided Phalaghrita (10ml twice daily with milk) where as group II received Phalaghrita oral as well as Uttarbasti of it. For 3 months. Results of the study reveal that associated

symptoms were relieved at the end of 3 months but menorrhagia cases showed little change. Three cases of tubal block also showed improvement but it does not prove fibrolying property of Phalaghrita. Although 18% cases conceived in the present study but it could be due to short span of study, so extensive study is required to pin point the role of Phalaghrita in female infertility.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	200
4	[ArtTitle]	***COMPARATIVE STUDY OF 'L' TABLETS AND 'P' COMPOUND IN CASES OF ASRGDARA***
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Sashi
7	[NmeGuide]	P.V.Tiwari ,H.S.K. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti Bala Roga
17	[AnyOther]	
18	[Abst]	Amongst many Gylaecological disorders, Asrgdhara forms a sizable group. The disease is characterized with excess intermenstrual bleeding. Therefore it includes in itself almost all bleeding disorders except tumours or other specific anatomical conditions. Numbers of drugs are prescribed for the treatment of Asrgdhara. The drugs used in the study 'L' tablets consisting of powdered flowers of Salmali and Laksha triturated with juice of Durva & P compound consisting of Pushyanug churna, Pradarantak lauha, Praval Bhasma, Trivanga Bhasma, Dugdha pashana churna, each tab/capsule containing 500mg of constituent. The cases suffering from either continuous bleeding or cyclical /acyclical bleeding, but free from any organic pathology. On

the basis of the therapy all the cases were divided into 2 groups of 40 each. To the group 'A' P compound 2 capsules thrice daily and to the group `B `, `L` tab, 2 tabs thrice daily were given for 1 month to the cases of continuous bleeding ,while 3 months to that having cyclical or acyclical bleeding.

At the end of treatment, it was noted that 65.5% cases in group 'A' and 60% cases in group 'B' were cured. 15% in group 'A' and 20% in group 'B' were improved, 10% each group showed partially relief, while 7.5% in group A and 10% in group B did not show any improvement.

Patients of younger age group and nulliparrus responded slightly better by 'L' tab than 'P' compound.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1429
4	[ArtTitle]	***CONSTITUTIONAL PREDISPOSITION OF DYSFUNCTIONAL UTERINE BLEEDING***
5	[ArtEqEng]	
6	[NmeScholar]	Prasad, Girija
7	[NmeGuide]	P.V.Tiwari, C.P.Dubey
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	In Ayurvedic literature Dysfunctional uterine bleeding (DUB) is extensively described in different names based on the clinical symptoms. Since etiology of DUB is unknown, therefore it was decided to investigate the constitutional predisposition of this clinical condition. The present study was based on the investigation of 105 diagnosed cases of DUB. The cases suffering from carcinoma and other gynecological disorders were excluded from the study. Selected cases of DUB were subjected for constitutional assessment with the help of comprehensive methodology. On the basis of Ayurvedic description consisting of a series of physical, physiological and psychological investigation, various measures have been taken to calculate various bony indices, various biochemical factors (catecholamines etc.),

endocrine factors (thyroid, adrenal function), psychological factors (neuroticism index etc.) were assessed.

The results have shown that DUB is more common in vatika individuals. Physically thin, tall, linear female are more prone to this disease. Anxiety, neuroticism, cerobrontonic are more associated with DUB. Various psychological components like anxiety, hyper excitable nervous system precipitate the DUB. Vatika traits are more dominant in all forms of DUB.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	288
4	[ArtTitle]	***EFFECT OF CERTAIN INDIGENOUS DRUGS ON UTERINE ACTIVITIES***
5	[ArtEqEng]	
6	[NmeScholar]	P.V. Tiwari
7	[NmeGuide]	P.V. Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Dravya Guna
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Dravya Guna
17	[Any another]	
18	[Abst]	Selection of drug has been made on the basis of Ayurvedic literature and traditional use and also according to Virya. 20 drugs of indigenous origin (10 from Shita Virya and 10 from Ushna Virya) were selected. Out of these 20 drugs Ashvagandha, Isvarmoola, Karpasa, Kusha leaves and Kusha root, Chitraka, Lodhra and Vasa have shown estrogenic activity of varying degrees, while Apamarga in both forms i.e. wholeplant & root and Chirabilva have shown mild antiestrogenic activity. Shatavari possess mild progrestational activity. To see their effect on uterine musculature, isolated uterus of estrinized rats have been employed. Estrogenic activity in immature rats, estrogenic activity on overectomized rats and antiprogestational activity on rabbits have also been seen. To

avoid species variation effect of kemuka have seen on isolated uterus of different sepcies i.e. rat, rabbit, guinea pig and even isolated human uterus. On isolated human uterus Kalihari, Karpasa, Kemuka, Chitraka and Vamsa were found to have direct spasmodic effect on muscles as their effects were not blocked by parasympatholytic or ganglionic blocking drugs.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	11
4	[ArtTitle]	***EFFECT OF KSHALANA IN UPAPLUTHA***
5	[ArtEqEng]	
6	[NmeScholar]	B. Ambika
7	[NmeGuide]	Dr. L. Sarada Amma
8	[NmeCoGuide]	Dr. P. Sankarankutty
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa - Panchakarma
17	[AnyOther]	
18	[Abst]	The renowned Ayurvedic texts described about some disorders which are only pertaining to females. All of them mentioned twenty types of Yonirogas, Somaroga described by Madhavakara is one among them. Upaplutha (Leucorrhoea) is one of the Yoniroga described by Vagbhata and Charaka. The word 'Yoni' in broad sense includes all the female genital organs. As per aetiology it is more prevalent in lower socio-economic status. The clinical treatment of Yonirogas comprises both sodhana and samana therapy. The mainly vitiated vayu in this disease can be normalised with application of medicaments in the form of Kshalana (Douch) and pichu. The discharge per vaginum is due to vitiated kapha.For the clinical study thirty married women were selected with in the age group of 15 to 60 years who are showing the critical clinical symptoms like Excessive white discharge per vagina, Back ache, lower abdominal / Abdominal pain, lassitude, local

itching and burning sensation, vertigo, Tinnitus, palpitation, loss of appetite, generalized burning sensation all over the body, skin eruptions on vaginal region, Polydypsia and nausea. According to symptoms it is grouped in to severe, moderate and mild and there are 10 severe cases, 8 moderate cases and 12 mild cases.Group-A 10 patients were taken in random and treated with only Triphala kwatha douching. Before the actual process the local part of the genital organ and surround region including lower abdomen were smeared with 'Saptachadadi' keram. Some pichu was introduced into vagina and kept for 2 hours in position as post operative. The same treatment was continued for 9 days.Group-B Another set of 10 patients were taken in random and 'Dhatryadi Ghritam' (Sahasrayoga) 15 gm. twice daily was given internally early in the morning and at bed time for 10 days.Group-C The remaining ten patients were treated with both A & B processes for 10 continuous days. The medicaments were same as used in A & B Group.Results were encouraging and the recovery of clinical symptoms such as discharge, Back ache, loss of appetite, Nausea, localised burning and itching sensations, polydypsia, skin eruptions were noticed. The other symptoms vertigo, palpitation were relieved to the extent in 30% of the cases though mental status of the patients considerably relieved.The vaginal smears showed marked absence of Trichomonus vaginalis pus cells and epithelial cells were not observed after treatment. There was a slight reduction in E.S.R also. On analysing the results acquired from all the three groups it is seen that the patients of Group-C, treated with the Dhatryadi Ghritam along with Triphala kvatha kshalanam and Saptchadadi kerapichu, showed better results than the other groups.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	10
4	[ArtTitle]	***EFFECT OF UTTARAVASTI WITH PANCHAVALKALA KWATHA IN PRADARA ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Mrs. Manorama Pati
7	[NmeGuide]	Dr. Sharada Devi Bhavani
8	[NmeCoGuide]	Dr. V.L.N. Shastri
9	[Dept]	Department of Shalya Shalakya & Prasutitantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasutitantra
17	[AnyOther]	
18	[Abst]	In Ayurvedic Classics, the descriptions of Yonivyapads include all gynaecological disorders whereas Artavavyapads narrate the menstrual disorders. From these disorders, abnormal Yonisravas (Vaginal discharge) can be separately categorized on the strength of their color, consistency, odour and density. From out of them 'Tanusveta' (thin, watery, whitish) type of discharge can be branded as Leucorrhoea. The diseases in the name of Pradara or Asrigdara denote excessive secretion of menstrual blood or at times other than blood (Amarakoshakara). Hence the latter may include only leucorrhoeas whereas the former reflects metromenorrhagias. In all the above said disorders, the Tridosha pathologies would help in differential diagnosis. Systemic diseases like

Adhogataraktapitta should also be well excluded in the instance as the treatment entirely varies in view of its separate aetiopathologies. Among the Vastis, Uttaravasti is praise worth's in the treatment of several gynaec disorders. In this thesis, the trial of Uttara vasti is confined only to the Leucorrhic disorders regarded as Pradara.

Vasti can be divided into many groups according to adhishtana (site of application) and drugs etc. Uttaravasti denotes the similar process of vasti but through urethra, vaginal canal. However, procedure and other precautions in the instance are clearly specified in Ayurvedic classics. In this thesis, this procedure is as similar as vaginal douch with the dravyas, known as Panchavalkala as a group made into Kashaya (decoction). This group includes bark of five plants viz., 'Nyagrodha, Udumbara, Aswattha, Parisha and Plaksha'. The barks of the turnks of these plants are used for Kashaya. These in-toto posses Tikta and Kashaya rasa, Sheeta virya and Katu vipaka and act as Vranaropaka on topical use.

In this work, the trial was conducted on 50 patients by admitting them in the prasuti & stree ward of Government Ayurvedic Hospital, Hyderabad. The diagnosis was made clinically and the objective investigation was the assessment of vaginal pH before and after treatment. The said drug in the form of decoction was used for vaginal douch by the instrument 'Douch can with nozzle' (Uttaravasti Yantram) as a modified form of vasti (Bladder). The duration of therapy was for 15 days. The parameters for assessment were clinical features and vaginal pH and accordingly the results were graded as 'cured'. Improved and not cured'.

The patients were observed and classified in several ways viz. age-wise, religion-wise, education wise, diet-wise, for statistical purpose. Similarly the cases were classified on the basis of differential diagnosis of the disease Pradara, as Vataja, Pittaja, Kaphaja and Sannipataja.

Uttaravasti with Panchavalkala Kwaatha in Pradara is considerably effective as the cured rate is 52%, improved rate is 34% whereas the not-cured rate is only 14%.

It also indicated that the said treatment is more effective in Kaphaja type of Pradara (50% Cured), next bring Pittaja type (40%) and lastly Vataja type (10%).

It is easy, economical and requires least paraphernalia. Side effects are least. Above all it can be practiced without inconvenience to patients and in any part of the country, may it be urban or rural. It is highly acceptable to patients. Added to that the results are highly satisfactory, thus encouraging it's practice especially in such a common disease like 'Pradara'.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1392
4	[ArtTitle]	***EFFECT OF INDIGENOUS DRUGS ON TESTICULAR REGENERATION***
5	[ArtEqEng]	
6	[NmeScholar]	H.S.K. Agrawal
7	[NmeGuide]	K.N. Agrawal, P.J. Deshpande
8	[NmeCoGuide]	S.B. Pandey
9	[Dept]	Department of Shalya-Shalaka
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Shalya-Shalaka
17	[AnyOther]	
18	[Abst]	In the present study the possible regeneration effect of indigenous drugs i.e. Mucuna pruriens and Asparagus racemosus have been studied following radiation induced testicular damage in albino rats. The results obtained have been compared with the gondotropin treated rats. The study was evaluated on different parameters including histological studies. Clinical study was also done on 40 cases of infertility and was separately treated with Mucuna pruriens and Asparagus racemosus for 3 months. The drug was given in powder form in the doses of 800 mg in divided doses. On observations it was found that in cases of azoospermia and oligospermia there was no change. Thus from the above study it can be concluded that drugs M. Pruriens and A. racemosus do not possess regeneration or spermatogenic activity, however, these drugs have definite aphrodisiac property.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	153
4	[ArtTitle]	***MANAGEMENT AND TREATMENT OF ASRIGDAR***
5	[ArtEqEng]	
6	[NmeScholar]	P. Sharma
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Various drugs have been described in Ayurvedic literature for the treatment of Asrigdara where as uterine bleeding is treated with harmons, curative and supportive treatment in modern medicine. Hormonal treatment occasionally does not suit many patients as well as these are not safe. The present study explores value of Laksha and Shalmali (flowers) in specific (doshik) Asrigdara with specific adjuvant as per dominance of dosha. Experimental study of these two drugs revealed clothing property but non hormonal Activity. 35 cases of Vatika Asrigdara, 36 cases of Paittika Asrigdara and 5 cases of Kaphaja formed the sample of present study. Vatika and Paittika Asrigdara were divided into four groups, A, B, C, & D. Group A & C received Laksha and Shalmali churna 1gm thrice daily with ghrita and paittika group with honey and yashtyadi churna (1gm B.D.) for 1 month. Cases of group Shlaishmik (Kaphaja) Ashrigdara received both drugs with

honey. Laksha churna was found more effective in paittika (75%) when given with yashtyadi churna where as shalmali pushpa churna alongwith ghee in Vatika Asrigdara. Action of these drugs in Kaphaja type was found 50% both Laksha and Shalmali Pushpa do not possess antiestrogenic or progestational activity.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	52B
4	[ArtTitle]	***MANAGEMENT OF GARBHASHAYA SRAMSA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. R. Saritha
7	[NmeGuide]	Dr. Lakshmi Narasimha Sastry
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Management of the gynaecology problems constitutes a major part of the medical science in to as it helps in continuing and maintaining the human race. Garbhashaya sramsa is the downward displacement of uterus. Regarding the line of treatment of garbhashaya sramsa, Ayurveda has prescribed number of formulation for oral and tropical administration only. No surgical treatment has been described. This trend of treatment indicates the curability of the disease by means of medicinal administration only. Hence the local administration of Bala taila has been taken in the present study with an academic interest to know whatever it could produce any regression or bring back the lost tone in the pelvic tissues. 15 patients with Group A with different types have been treated with daily Yoniprakshalana using Panchavalkala Kvatha,

followed by abhyanga and sweda locally and the insertion of Pichu dipped in Bala taila inside the yoni and applying Gophana bandha for a period of 90 days. The results obtained were compared with another group of 18 patients belonging to group B or the control group.

All the values found in the treated group were significant. There was a significant regression of cervix from the introitus and in its circumference as well in the treated group.

Thus it can be putforth that bala taila definitely helps in cases of early first degree and second degree prolapse and relatively small sized cystocele. It is a matter of serendipity that bala taila was found to be absolutely beneficial in relieving stress incontinence of urine and it also helps in cases where surgery is contraindicated.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	165
4	[ArtTitle]	***MANAGEMENT OF KARNINI YONI***
5	[ArtEqEng]	
6	[NmeScholar]	S.K. Negi
7	[NmeGuide]	P.V. Tiwari, D. Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Karnini Yoni Roga seems analogus to cervical erosion on the basis of signs and symptoms. It can lead to mild symptoms like backache and vaginal discharge to malignancy cervical erosion is usually treated with local chemical, electric cauterization and antibiotic creams which usually fail or not easily approachable. The present study aims at evolving easy effective and socio-economical treatment. 72 women between the ages of 20-40 years having non complicated cervical erosion were divided in 6 groups as per type of treatment given to them. Group I cases were cauterized with copper sulphate and Risulpha cream was applied. Group II got copper sulphate and Udumber ointment. Group III had cauterization with Apamarga Kshara for ° mt. And Trisulpha cream for application. In group IV cauterization done with Apamarga Kshara (1/2 mt.) and Udumber ointment was applied. Group

V received Apamarga Kshara for 1mt. and Udumber ointment where as group VI cases were advised to apply Udumber ointment locally for 6 weeks without cauterization. Patients of group I, II &III were followed up at 3 weeks interval where as group IV, V and VI patients were followed up at weekly interval. Results were assessed on the basis of healing time epithilization and improvement. Cauterization with copper sulphate and application of Udumbur ointment is better than Tri sulpha cream.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	44
4	[ArtTitle]	***RAJO NIVRUTTI STRIYAMADHYE HONARE SHARIRIKA VA MANASIKA BADALA- EK ADHYAYAN***
5	[ArtEqEng]	A study of psychosomatic effects of Menopause
6	[NmeScholar]	Sunita D Shirsat
7	[NmeGuide]	S.M.Sathye
8	[NmeCoGuide]	
9	[Dept]	Department of Sharira Kriya Vignyan
10	[Insti]	R.A. Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1997
13	[EnNo]	112
14	[Lang]	Sanskrit
15	[Study]	
16	[SubStudy]	Sharira Kriya Vignyan
17	[AnyOther]	
18	[Abst]	According to the texts Menopause (rajakshaya/rajo nivrutti) takes place at the age of 50 yrs. In this observational study the average of Menopause was 42 yrs. The individuals consuming tikshna, katu rasa ahara had early Menopause whereas the one which are having history of madhura, snigdha ahara had menopause bit late. Out of the 100 individuals, 45 were vatapitta prakriti, 44 were kaphapitta prakriti whose average age of menopause was 40 yrs. The female from jangala desha had early menopause i.e. average age of 39 yrs. In all the subjects raakshaya, ojakshaya, keshasadana, asthi toda and sandhi vedana were found. In only 50% female chakshurendriya hani was noted.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	190
4	[ArtTitle]	***ROLE OF 'P' COMPOUND IN RAKTA PRADARA***
5	[ArtEqEng]	
6	[NmeScholar]	Mishra, Vijaya
7	[NmeGuide]	D.N. Mishra, P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Amongst various gynecological disorders, menstrual abnormalities especially excessive or irregular loss is very common, Rakta Pradara or Asrigdra similar disorder described in Ayurvedic literature. The present study is an attempt to assess the efficacy of 'P' compound containing Pushyanuga Churna (68%). Pradarantaka Louha (8.0%). Praval Bhasma (8.0%) and Dugdha Pashana Churna (16%) triturated with Durva juice seven times. Carefully selected 60 cases received 'P' compound 1 gm thrice daily for 3-6 months. Efficacy of the drug was assessed on the basis of relief in menstrual disorders. At the end of final follow up, 73.33% cases were found cured, 11.66% improved and 6.66% did not show any relief. Results of the present study confirm the role of 'P' compound in DUB/ Rakta Pradara.

Experimental studies carried out to know probable action of 'P' compound indicate that the recipe decreases bleeding and clothing time. 'P' compound does not possess any estrogenic, antiestrogenic activity and neither progestational and antiprogestational properties.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	213
4	[ArtTitle]	***ROLE OF SUTIKA DASHMULA IN SUTIKA***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Kalpana
7	[NmeGuide]	Manjari Dwivedi
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Basic principles
17	[Any another]	

18 [Abst]

Sutika or puerperal women wants a specific management due to loss of her dhatus during labour as well as aggravation of vata due to exhaustion or kshaya of dhatus.

This study is aimed on the effect of Sutika Dashmula (decoction) on Sutika. The women having undergone spontaneous vaginal delivery with or without episiotomy, any impediment likely to influence involution were selected and divided in two group A & B (25cases in each group). Group A (control) was given methyl crgometrine maleate (0.125mg) one tablet thrice daily for six days to enhance involution and capsule ampicillin 500mg 8 hourly to prevent infection. The other group B received sutika dashmula in the doses of 50ml a day for 6 days.

It has been observed after follow up that the patients of test drug relieved relatively much earlier pain in abdomen, backache etc. Symptoms, appetite was comparatively better and no patient has loose motion rather bowels were regular in majority of cases. Dysuria also improved. The test drug seems to have Galactogoue purpereal women (sutika).

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	176
4	[ArtTitle]	***ROLE OF UTTAR-BASTI IN ,VATIKA-YONI VYPAT***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Sunanda
7	[NmeGuide]	Premvati Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Basti treatment is considered best in Vatika disorders. The present study envisages role of Basti in three Vatika yoni rogas mentioned in Sushruta Samhita i.e. Udavarta, Paripluta and Vipluta. These conditions can be equated with dysmenorrhoea, dysperunia and vaginismus described in modern gynaecology. Uttar basti (vaginal douching) has been prescribed in these disorders. Dashmool Kwath was used for Uttar basti and Gudeechyadi Tail for pichu. Total 52 cases between 15-50 years of age were divided in 3 groups. Group I (20 cases) received Dashmool Kwatha douching for 1 month, group II (16 cases) had Guduchyadi tail Pichu for similar period where as group III (16 cases) received combined treatment. Treatment was continued for 4-6 months at weekly intervals. Results of the study indicate that mixed treatment proved more effective. Paripluta (dysperuni) responded better than Udavarta (dysmenorrhoea). Uttar basti has edge over pichu treatment. In Vipluta (vaginismus) and Partipluta both Basti and Pichu were used separately have shown similar effects.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	214
4	[ArtTitle]	***STUDIES ON EFFECT OF LODHRA IN RAKTAYONI***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Neeraj
7	[NmeGuide]	P.V Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti- Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti- Bala Roga
17	[AnyOther]	
18	[Abst]	Rakta Yoni is characterized with excessive amount of blood loss. Pitta and Rakta are mainly involved with this problem. Lodhra being sheeta virya and Kashaya rasa may effect This condition Lodhra has vasoconstrictive property, so it was selected for the study, in an effect to find a single drug therapy for the condition. Total 50 cases, suffering from either continuous of cyclic/ acyclic bleeding but having no organic pathology were selected for the study and divided into two groups A & B. The drug was given for one month to the patients of continuous bleeding. While for three months to the patients of cyclical and acyclical bleeding. Two capsules (each of 500mg) powder drugs were given thrice a day. At the end of the treatment, it was seen that 50% cases were

completely cured, 20% showed improvement, while 30% did not responded to the therapy. Cases of group A (with predominance of Vatika symptoms). And group B (with predominance of pattika symptoms) showed almost equal response.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	11B
4	[ArtTitle]	***STUDY OF PRADARA WITH SPECIAL REFERENCE TO SWETAPRADARA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. S. Sudha Rani
7	[NmeGuide]	Dr. C.P. Chapannamath
8	[NmeCoGuide]	Dr. K. Krishnamurthy
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Banglore
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In the current study with an academic interest and to know the drug therapeutic value "Kukkutanda Bhasma" has been selected. 20 patients were selected for the clinical study. Patients were diagnosed on the basis of symptomatology and vaginal smears. Kukkutantatwak bhasma was administered for 21 days in the dosage of 5 grams tid. Amalaki rasa, Dadima rasa an milk were administered as anupana. Assessment was done on the basis of symptoms and vaginal smear. It was observed that the lakshanas narrated in classics are practically seen. Most of the upadravas, which are narrated in book have not been found expect Dourbalya, Bhrama, Panduta and Jwara, Kukkutandatwak bhasma is proved as beneficial recipe in Swetapradara caused due to the nithyaharavihara.

Though Swetapradara is said to be major problem prevailing in women it can be controlled and cured with Kukkutandatwak bhasma.

19 cases out of 20 cases has responded to the treatment. That is 95% of patients got the relief from the discharge. Haemoglobin percentage is also increased by 3-5% in 17 patients out of 20.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	209
4	[ArtTitle]	***STUDY ON TRIVANGA BHASMA IN SWETA PRADARA***
5	[ArtEqEng]	
6	[NmeScholar]	Sochan, Shailesh Kumar
7	[NmeGuide]	D.N.Misra
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti -Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti -Bala Roga
17	[AnyOther]	
18	[Abst]	Shweta pradara in general is common complaint by women coming for medical consultation. It is characterized by white discharge per vaginum. For the treatment this problem "Trivanga bhasma" has been prescribed by various texts of Ayurveda. The present study was conducted in 50 cases, mostly multiparous and belongs to middle and lower socioeconomic status. The drug was given for 3 months in the dose 120mg thrice a day with water. Follow up studies were conducted at 2 week, one month, 2 months and 3 months, respectively and relief in the disease along with associated features (backache etc), was observed.

On the basis of framed criteria 52% cases were fully relieved, 16% improved, 8% partially improved and 24% remained unchanged.

The cases having poor built, grand multiparity advanced age with low Hb%, longer duration and having excessive discharge, not responded well to the treatment. It is tempting to speculate that Trivanga bhasma increase general resistance of the body, there by causing increase in general improvement and relief from the Shweta pradara.

1	[ArtID]	
2	[FolNo]	20 A
3	[SlNo]	1
4	[ArtTitle]	***A STUDY ON PUSHYANUG CHURNA AND PUSHYANUG CHURNA GHANA SATVA WITH SPECIAL REFERENCE TO SHWETA PRADARA***
5	[ArtEqEng]	
6	[NmeScholar]	Sushma Rawat
7	[NmeGuide]	Dr.G.K.Saxena
8	[NmeCoGuide]	Dr.G.S.Tyagi, Mr.J.R.Dhyani, Dr.(Mrs) Kalpana Sharma
9	[Dept]	Department of Rasashastra and Bhaishajya Kalpana
10	[Insti]	Rishikul State Ayurvedic college, Haridwar
11	[Univ]	Shri Chatrapathi Shahuji Maharaj University, Kanpur
12	[Year]	1999
13	[EnNo]	K/9769591
14	[Lang]	
15	[Study]	M.D
16	[SubStudy]	Rasashastra and Bhaishajya Kalpana
17	[AnyOther]	
18	[Abst]	The preparation of Pushyanag Churna Ghansatva was carried as per text Sharangdhar Samhita where as the Pushyanag Churna by Bhaishajya Ratnavali. The physio-chemical standards for various parameters were worked out so as to give the testing standards and to judge its efficacy. The clinical study was also made of both the preparation in the O.P.D of Rishikul State Ayurvedic Hospital, Haridwar. It was observed that 60% cases got cured with Pushyanuga churna while 25% improved, 10 % partially improved and 5% remains unchanged. The clinical investigation with Pushyanuga ghan satva showed 65% cases cured, 20% improved, 12% partially improved where as 4% remains unchanged. The study elucidates that the individuals having chronic ailment and

excessive discharge responded relatively less than others. Both the drugs showed encouraging results in sweta pradar. The ghan satva proved convenient to the patient as compared to the churna.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	183
4	[ArtTitle]	***TREATMENT OF PRADARA ROGA WITH JAPA KUSUM AND TANDULIYAKA***
5	[ArtEqEng]	
6	[NmeScholar]	Devi, Raksha
7	[NmeGuide]	P.V. Tiwari, D.N. Mishra
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Tantra
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Tantra
17	[AnyOther]	
18	[Abst]	Pradara includes all such conditions which given rise to excessive/prolonged bleeding per vaginum or shortening of intermenstrual or period except new growth and abortion. It also incorporates white discharge. Japa (Hibiscus rosasinensis) and Tanduliyaka (amranthus spinosus) have been advocated for the treatment of Pradara in Ayurvedic classics so 'J' tabs i.e. combination of both these drugs was put in to trial. 50 cases selected for this study were grouped as 'A' (Leucorrhoea) and 'B" (DUB). 'J' tab did not show promising results in group A where as J tab showed marked efficacy in the cases of group B, showed 70% cured, 16% improved, 10% partially relieved and 8% cases remained unchanged. 'J' table possess estrogenic activity in albino rats.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	166
4	[ArtTitle]	***TREATMETN OF PRADARA ROGA WITH CERTAIN INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Kumari, Shail
7	[NmeGuide]	D.N. Mishra, P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	The word Pradara includes both Sweta and Rakta Pradar i.e. Leucorrhoea and menorrhagia. The present clinical study was carried out to evaluate role of some effective and economical herbal preparation in these disorders study I was conducted in 30 leucorrhoea patients, out of which 10cases received Bhumyamalki Churna (Phyllanthus urinaria) 3 gm per day in 3 divided doses for 3 months. Remaining 20 cases got Leukol (Himalya drug) 6 tabs daily in 3 divided doses for 15 days followed by 1 tab thrice daily for 30 days. Study II contained 61cases out of which 11 cases of DUB received Bhumyamalki 3gm/day in 3 divided doses for 2 months and 50 cases got 'L' tabs (Laksha, Shalmali flowers in equal quantity and Titurated with Durva juice) 4 tabs four times a day for 3 months observation of these studies show that Bhumiamalki has no

role in non specific leucorrhoea where as Leukol caused 45% cure. Bhumiamlaki is not effective in DUB also, where as 'L' tab was found effective on DUB as unchanged cases being 30% only.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	173
4	[ArtTitle]	***ANTIFIRTILITY EFFECT OF JAYANTI***
5	[ArtEqEng]	
6	[NmeScholar]	H.K. Pati
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1975
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	The drug Jayanti is a controversial drug as the same has appeared for several other plants. Detailed study reveals that Jayanti, Jaya and Tekari seem to be synonyms. Jaya and Jayanti being similar thus two drugs Jayanti and Tekari were taken up for experimental study. Results of the study show that both Jayanti (Sesbania sesban) and Tekari (Clerodendrum phlomidis) have similar antifertility action in the doses of 100mg and 200mg/100gms body wt. This dose (100mg) administrative for three days before estrus phase in more effective than after copulation or 3 days after conception. Antifertility action seems to be due to anti-ovulatory action and not antiuniplantation, antizygotic or early abortifacient actions. Both Jayanti and Tekari possess significant estrogenic activity and no antiestrogenic, progestational or antiprogestational activity in rats and rabbits. Drugs don't have any toxic effects in the doses of 200mg/100gm body wt. For 10 days. Further extensive study on both these drugs may prove useful.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1431
4	[ArtTitle]	***MANAGEMENT OF DOSHIKA ASRIGDARA IN RELATION TO PRAKRITI***
5	[ArtEqEng]	
6	[NmeScholar]	
7	[NmeGuide]	Mishra, Usha Rani
8	[NmeCoGuide]	P.V.Tiwari, R.D.Sharma
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	The method of treatment in earlier days used to be based on amshamsa kalpana, physical and psychological constitution of the patient along with the doshika preponderance and type of disease. Now this type of treatment is gradually fading and approach for general type of treatment is coming up, which is not appropriate. Therefore, this study taken up to correlate between daihika prakriti and type of asrigdara, correlation with manasika prakriti and effect of the specific treatment. 500 cases were selected for the study. Paittika asrigdara was found to be the highest group (66.8%), while minimum case were of shlaishmika asrigdara (6.6%). Women of vatika and vata paittika prakriti with rajasika preponderance were the maximum sufferers. It was also observed that daihika and manasika prakriti do not influence each other. Four recipes Sauvarchaladi churna (SC), Eladi churna (EC), Kakjanghadi

churna (KC) and Pushyanugadi churna (PC) were given to the cases of vatika, paittika, shlaishmika and general asrigdara respectively. On follow up it was noticed that SC is more effective (45%) in vatika asrigdara, EC is beneficial in paittika (47%) whereas KC is efficacious in shaishmika (30%) but not effective in vaitika and paittika asrigdara. PC is very effective (46.2%) recipe for all types.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	206
4	[ArtTitle]	**CLINICAL STUDY OF THE EFFECT OF 'PHALA KALYAN GHRITA' IN FEMALE INFERTILITY**
5	[ArtEqEng]	
6	[NmeScholar]	Misra, Deepa Rani
7	[NmeGuide]	D.N.Misra
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti - Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti - Bala Roga
17	[AnyOther]	
18	[Abst]	Infertility does not reflex as one man problem, but it is recognized as a burning problem of families as general or even as community at large. In Ayurvedic literature long list of drugs have been reported in various forms as beneficial in various gynaecological and menstrual disorders. Most of the drugs have been emphatically described in relation to infertility. The drug phalakalyana ghrita, has been described in Bhaishajya Ratnawali, Yoni Vyapad chikitsa prakasan, was studies with special reference to infertility. The chief contents are Shatavari. Ashwagandha, madhuyasti, Manjista and Triphala. The drug given orally approximately 10ml twice a day with a cup of luke warm milk for 3 months. The study was conducted on 25 cases belonging to 26-30 years of age.

Twenty cases were primary, while five were of secondary sterlity. Duration of infertility in this series of study was noted 2 to 12 years.

20% of cases of primary infertility conceived within 3 to 5 months of the treatment and 4% of the secondary sterlity within the same period. This study needs more follow through to reach final results by studying for longer period.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	194
4	[ArtTitle]	***COMPARATIVE STUDY OF KSHARA AND AGNI KARMA IN KARNINY YONI VYAPAD***
5	[ArtEqEng]	
6	[NmeScholar]	Neelam
7	[NmeGuide]	D.N. Mishra, P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Karniny Yoni Vyapat is a Kaphaja or Vata Kaphaja Vyadhi. It seems to be analogous to cervical erosion. All the ancient scholars have prescribed mainly local treatment i.e. use of Shodhana Vastis. But when these fails, then Kshara and Agni can be sued for the completion of this purpose. In present work, a comparative study has been made to see the effect of Agni and Kshara karma followed by Udumbara ointment in cervix. Total 50 cases suffering from various types of cervical erosion along with various extents free from any other disorder were selected and grouped according to the treatment. Group I electric cauterization Udumbara ointment. Group II Snuhi Kshara cauterization Udumbara ointment.

The results were assessed on the basis of healing epithelization of cervical erosion and improvements in the associated symptoms were also observed. Snuhi Kshara and Udumbara ointment were given better results in comparison to electric cautery followed by Udumbara ointment. Improvement in vaginal discharge and associated symptoms was better and earlier and also maximum in group II.

1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	43
4	[ArtTitle]	***EFFECT OF KUBERAKSHA (CAESALPINIA CRISTA) LEAVES IN DYSMENORRHOEA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.Pushapalatha
7	[NmeGuide]	Dr.D.S.Lucas
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Dysmenorrhoea or painful menstruation being most frequent gynecological complaints & is most prevalent in young single women leading sedentary lives. Both married and unmarried patients suffering from dysmenorrhoea were selected for this study between age group of 16 to 25 years. For clinical evaluation, 2 groups Group A Group B was made Group A received 15ml. of kuberakshapatra swarasa afresh followed by 30 ml. of milk on empty stomach for three days from 4th day of menstrual cycle for three consecutive cyles. Group B received starch solution as placebo in same dose and similar manner.

In both groups, progress was studied for 3 months. Group A is highly significant and Group B was found to be statistically non significant.

This reveals the effect of kuberakshapatra swarasa in dysmenorrhoea. Thus the folklore drug justifies its utility in treatment of dysmenorrhoea. No complications were noticed during the treatment of drug was noticed during the treatment & drug was easily available and very economical.

1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	43
4	[ArtTitle]	***EFFECT OF DARVYADI GHAN SATWA BATI IN CASES OF SHVETA PRADARA (LEUCORRHOEA) IN VARIOUS DISEASES***
5	[ArtEqEng]	
6	[NmeScholar]	Smt. Sunita Nigam
7	[NmeGuide]	Dr. C.B. Dube
8	[NmeCoGuide]	Dr. Radha Sarma
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1982
13	[EnNo]	L-7822328
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	SHVETA PRADARA (Leucorrhoea) is still a global problem inspite of many elaborate studies for past many decades. Especially it is very common in developing country like India, where unhygienic conditions are prevalent. The verbal meaning of PRADARA is "PRAKARSHENA DIRYATE ITI PRADARAHA", the condition characterized with excessive secretion per vaginum. In SHVETA PRADARA (Leucorrhoea), SHVETA (white) discharge passes per vaginum. The word 'Leukorrhea' is a greek word made up of two words i.e. (lu-ko-re'ah) leukos means white and rhoia means flow. A discharge from the vagina of a white or yellowish, more of less viscid fluid, containing mucus and pus cells.

In AYURVEDIC texts SHVETA PRADARA is described as a disease while in modern medicine it is not a disease but only symptoms which are experienced as an excessive outflow of normal physiological white vaginal discharges. Normally it is 2 ml. per day.

The knowledge of this disease and its signs, symptoms dates back to the time of CHARAKA (1000-300 B.C.), later on SUSHRUTA (1000-800 B.C.), VAGBHATTA (4th century, A.D.) and MADHAVKAR (7th century, A.D.) regarded as one of YONIVYAPADA. There is no mention of SHVETA PRADARA as such, in any classical Ayurvedic text but on careful study of these text books, CHARAKA, SUSHRUTA AND VAGBHATTA had described white yellowish discharge in SHLESHMAJA YONIVYAPADA, inspite of this CHARAKA has given CHIKITSA of PANDUR PRADARA separately. This PANDUR PRADARA has been elaborated as SHVETA PRADARA by renowned commentator of CHARAKA SAMHITA Shree CHAKRAPANI DUTTA (11 th Century, A.D.). Later on YOG-RATNAKARA (17th. Century, A.D.) not only recognised it as a separate entity but has given several priscriptions for CHIKITSA of SHVETA PRADARA.

In modern medicines SHVETA PRADARA (Leucorrhoea) has been described under two headings –

1. Specific 2. Non specific

Specific Leucorrhoea is, in which a definite pathological organism is responsible e.g. Trichomonas vaginalis, Candida albicans, Haemophilus vaginalis and Gonococcus etc. Non-specific Leucorrhoea is, in which a variety of mixed patogens is recoverable on smear and culture staphylococci, streptococci, both haemolytic and anaerobic, and E. Coli. Chemicals, drugs, douches, pessaries, tempons, trauma, foreign bodies such as rubber ring pessaries, contraceptives, even vaginal and cervical operations are all causative factors. Alteration in the pH towards alkalinity always favours non-specific infection – hence its common incidence in the puerperium.

In modern medicine there is no satisfactory treatment for nonspecific leucorrhoea because principle of treatment is based on aetiology i.e. causative organism or NIMIT PRADHANA while the principle of AYURVEDIC treatment is 'KSHETRA PRADHANA'.

Various types of management and preparations have been described in various AYURVEDIC texts. One of them is DARVYADI KWATHA mentioned in YOG-RATNAKARA (17TH, Century, A.D.).

For the present clinical study, the trial medicine DARVYADI GHAN SATWA BATI has been prepared from DARVYADI KWATHA. To made DARVYADI GHAN SATWA BATI all the seven herbal ingredients of DARVYADI KWATHA were taken in equal parts i.e. 10 kg. of each. Then decoction in 1:16 ratio was prepared with a residue to ˘ volume and it was re-evaporated to make GHAN SATWA. The GHAN SATWA equivalent to 30 ml. of KWATHA was taken to prepare one tablet that was 2.5mg. (2 RATTI).

Since PRADARA ROGA includes both the diseases i.e. SHVETA PRADARA (Leucorrhoea) and RAKTA PRADARA (menorrhagia and metrorrhagia) but in present study attempt is made to evaluate the efficacy of DARVYADI GHAN SATWA BATI in cases of SHVETA PRADARA (Leucorrhoea) only.

For the present clinical trial in SHVETA PRADARA (Leucorrhoea) in various diseases 80 cases of SHVETA PRADARA out of 100 cases examined, have been selected on the basis of excessive white vaginal discharge without blood of more than 15 days. Before commencement of therapy a detail clinical and laboratory examination had been done in every case. The tablet of DARVYADI GHAN SATWA BATI has been given up to one month continuously in the dose of 2 T.D.S per day. Improvement in clinical symptoms was noted in weekly intervals up to one month and after completing one month therapy laboratory examinations were done again.

In 80 selected cases the youngest case was of 12 years of age whereas eldest of 49 years. Maximum incidence of cases were found in II and III decade of the age and there were no patients of I and VI decades. The number of cases increased from the II decade with the peak in the III decade than the frequency declined as age advanced.

This shows that the occurrence of SHVETA PRADARA is maximum in child bearing age of the female. This agrees well with Shaw's, Quixley and others.

Among 80 cases 59 were Hindu where as only 21 cases were from Muslim community and there was no case of other religion. 10 cases were found in indoor patients department, rest of the 70 patients were from Outdoor patients department.

Out of 80 cases in 32 the age of menarche was 13 years where as 12 years was in 23 cases, 14 years in 17 cases and 15 years in 5 cases only and 3 patients who were having 12 years of age were of no menarche. This observation gives support to the saying of previous workers and authors that in Indian girls the age of menarche is from 12 years to 15 years.

Menstrual history and marital status of these 80 cases reveals that 70 cases were of menstrual age, 3 pre-menstrual and 7 of menopausal age.

Among 80 cases 69 were married, 11 were unmarried and no case was widow.

Observation of past history shows that association of anaemia is maximum in cases of SHVETA PRADARA whereas other past systemic diseases is also of significance in order of occurrence.

Family history of SHVETA PRADARA is of great importance as it was found in 35 (43.75%) cases out of 80.

Observations of symptoms give a battery (18 symptoms) of symptoms besides the main complaint – excessive white vaginal discharge per vaginum. The most frequent complaints were weakness, backache and bodyache, vertigo, darkness before eyes and lethargia in most of the cases. Rest of the symptoms were due to associated diseases in patients.

In 80 cases of SHVETA PRADARA 25 were suffering from anaemia, 8 from worm infestation, 7 from G.I.T. disturbance, 3 from liver disorder and 1 each from diabetes, tuberculosis and U.T.I. and only 34 cases were of unknown cause. This observation shows that SHVETA PRADARA is also one of the symptoms of various debilitating and chronic diseases.

Majority of the cases were having white discharge per vaginum from 16 days duration to 5 years.

Out of 80 cases maximum 58 were literate and only 22 were illiterate. It may be due to their consciousness with any new complaint.

Regarding occupation and socio-economic status observation revealed that only one case was from labour class having poor socio-economic status. Reset of the cases were of household leading sedentary life and comes in medium or high socio-economic status.

Among 80 selected cases only 60 cases had completed one month therapy. 20 cases dropped out. 10 cases have dropped this therapy after first week, 6 after second week and 4 after third week.

Post therapy assessment the assessment was based on pretherapy and post therapy changes in 60 patients (20 dropped out from 80 cases) in their clinical, physical as well as on laboratory findings, special consideration was given in chief complaint i.e. white discharge per vaginum. On the basis of assessment the conclusion drawn is being summarized below.

Out of 60 patients who have completed the therapy 36 cases were having no discharge per vaginum, 17 were having mild, 6 moderate and only 1 was having severe discharge.

Vaginal smear examination by gram staining, hanging drop and wet examination before and after trial revealed that before trial in 7 patients gram +ve cocci and in 2 patients Gram +ve bacilli, in 3 patients Trichomonas and in 2 patients Monilia were present whereas in Post therapy 5 Gram +ve cocci, 1 Gram +ve bacilli, 2 Trichomonas and 1 Monilia were present. Apparently this shows that one patient of Trichomonas vaginalis and monilia is cured but it is not so in fact one case fo each had not completed one month trial. Thus it is not effective in specific SHVETA PRADARA (Leucorrhoea).

Observations of other pathological examinations such as haematological (T.L.C., D.L.C., Hb%, E.S.R), routine urine and stool including other specific examination as blood sugar fasting and P.P. and radiological examination before and after therapy shows no significance, except in lymphocyte count where difference in mean value before and after trial is 9.09% which shows a significant fall in lymphocyte count. It may be due to SHOTHAHARA action of most of the ingredients of DARVYADI GHAN SATWA BATI.

The actual mode of SHVETA PRADARA NASHAKA action of DARVYADI GHAN SATWA BATI is not clear but the following hypothesis can be given. This role of medicine seems to be combined and synergetic effect of different herbal ingredients possessing TIKTA and KASHAYA RASA, LAGHU and RUKSHA GUNA, USHANA VEERYA, and KATU VIPAKA. Hence all seven ingredients of DARVYADI GHAN SATWA BATI act on KHAPA, PITTA and VAYU DOSHAS as a result of VAYU, AKASHA and AGNI MAHABHUTA increases the action of KAYAGNI which stimulates PACHANA of KAPHA DOSHA and cures the SHVETA STRAVA of vagina and gives strength to the patients.

At the end of one month trial with DARVYADI GHAN SATWA BATI 36(60%) cases out of 60 cases were cured as these cases were having normal white vaginal discharge without any abnormal symptom, so they are marked as cured. 17 (28.33%) cases were having more than 75% improvement as they were having discharge + and few mild symptoms only 6(10%) cases were having more than 50% improvement as they were having discharge ++ and moderate symptoms. Only one (1.66%) case was having no change in vaginal discharge and symptoms after one month trial. All these cases were further observed for at least one month without any medicine. 59 cases except one were fully satisfied with this treatment and were having no side or toxic effect of the therapy.

Thus, it may be safely concluded that DARVYADI GHAN SATWA BATI is effective in cases of nonspecific SHVETA PRADARA (Leucorrhoea).

1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	58
4	[ArtTitle]	***EFFECT OF PRADARANTAKA RASA IN CASES OF FEUCORRHOEA (SHVETA PRADARA) IN VARIOUS SYSTEMIC DISEASES (A CLINICAL STUDY)***
5	[ArtEqEng]	
6	[NmeScholar]	Sadhna Mishra
7	[NmeGuide]	Dr. C.B. Dube
8	[NmeCoGuide]	Dr.(Miss) Radha Sharma
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1979
13	[EnNo]	B.Y.40
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	A comprehensive study of leucorrhoea (SHVETA PRADARA) in various systemic diseases and its treatment with PRADRANTAKA RASA (Tablet) are salient features of the thesis. Whole of the work has been divided into two parts. **LITERARY WORK:** In the first part of the thesis up to date knowledge of SHAVETA PRADARA (leucorrhoea) has been discussed. It has been tried to correlate SHAVETA PRADARA with leucorrhoea. Besides this it has been tried to correlate NIDANA, SAMPRAPTI, ROOPA, and SADHYASADHYATA of SHAVETA PRADARA with aetiopathology, symptomatology and prognosis of leucorrhoea. It has been established that leucorrhoea (SHAVETA PRADARA) is a symptom not a disease.

Therefore the main aetiological factors of leucorrhoea depend upon the diseases of the vulva, vagina fallopian tubes and uterus certain constitution disorders leucorrhoea may be a surgical problem due to any malignancy of the genital organs of cervical erosions etc.

In the chapter of trial drug PRADARANTAKA RASA pharmacological study has been done and method for preparation of PRADARANTAKA RASA has been given.

CLINICAL WORK : In the present study PRADARANTAKA RASA 2 tablet (125 MG. EACH) T.D.S. with water has been used in 58 cases of leucorrhoea (SHVETA PRADARA) in which only 50 cases completed the trial. The following facts were noted.

Worm infestation was found to be the most prevalent cause of leucorrhoea 18.96% and general debility next to it (12.06%). While in 24.13% cases no cause could to establish.

Patients of age from 14 years to 55 years were registered during the trial. It re-establishes the fact that leucorrhoea may affect at any age. Highest frequency is in 2nd and 3rd decades of life.

Though the religion has not been established to have any predisposing effect but 75.86% of the patients were Hindu and rest were Muslim.

Married patients were 86.19% but it actually indicates the pre disposition by age. As majority of the women in 2nd and 3rd decades is married.

Family history of tuberculosis, hypertension, diabetes, prolapsed uterus and venereal disease were noted in many cases. However, it could not be established that actual relation it has with leucorrhoea.

Socio-economic status and literacy have definite effect on the incidence of leucorrhoea. As the cases recorded were mostly belonging to lower and medium Socio – economic group and illiterates. It is found that knowledge of hygiene is much lacking in all women whether illiterate or literate.

No significant relations have been found with dietary habits.

Cases of TRIDOSHAJA and VATA PITTAJA PRAKRITI predominate to all other PRAKRITIS.

The symptoms – weakness, backache, bodyache, lethargia, vertigo, darkness before eye. G.I.T. disturbances and others of the particular constitutional disease constute the clinical presentation of leucorrhoea as the main complaint. These symptoms are quite similar to the symptoms of PRADARA ROGA and YONIVYAPADA as described in AYURVEDA.

PRADARANTAKA RASA 250 mg. T.D.S. with water has been found effective in about all types of leucorrhoea cases. It does decrease leucorrhoeal discharge, brings to normal in majority and alleviates most of the symptoms due to leucorrhoea.

It decreases T.L.C. (600 ± 39 cu.mm) increase in polymorph (7.85 ±110%) chews of chronic inflammatory decreased in lymphocytes (6.95 ± 1.94%) and slight decrease in E.S.R. (3.6 ± 1.517 mm.per 1st hour wintrobe) shows of its chronic anti-inflammatory action. It increases haemoglobin percentage 1.34 ± 125 gm %) cures anaemic and general debility.

The effect of PRADARANTAKA RASA starts with in a week in most of the cases.

In one case regularization of menstrual cycle was noted favorably. She had irregular menstruation period and quantity before the treatment.

Finally it can be said that the PRADARANTAKA RASA acts due to its astringent and anti inflammatory property. It also increases the body resistance by increasing hemoglobin % and reducing the E.S.R. and leukocyte count.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	155
4	[ArtTitle]	***HORMONAL STUDIES ON CERTAIN INDIGENOUS DRUGS (ESTROGENIC AND PROGESTATIONAL)***
5	[ArtEqEng]	
6	[NmeScholar]	H.C. MAPER
7	[NmeGuide]	P.V. Tiwari.
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1971
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	No direct description of female sex harmones is available an Ayurvedic literature however herbal drugs mentioned for oligomeorrhoea and dysmenorrhoeal may have estrogenic activity where as those prescribed for threatened abortion. and repeated abortions may be having progestational properties. Seven drugs (BlackTil, Lashuna, Ultakambal root, Leaf, Chageri, Plaspushpa, Ghritakumari) were studies for estrogenic activity on the basis of uterine wt. and ovarion wt. (Lauson et al 1939 and Allen Doisy 1922), Progestational activity of Bala, Anantmool, Prishniparni, Aprajita, Changeri, Lajjalu, and Kantakar was Assessed on the basis of endometrial changes after estrogen priming. Both activities were matched against Neoclinesterol and Leutocycline. Except Plashpushpa all other drugs

increased uterus wt. with and with out fluid.Ovarian wt.was incrised maximumwith Ultakambal but least with Ghritakumari .Glycogen content incrised with Lashuna followed by Ghrita Kumari and black Til however least with Ultakambal out of seven drugs tested for progestational activity, bala showed maximum proliferation of endomatrium tested for progestational activity, Bala showed maximum proliferation of endomatrium followed by Prishniparni, Anantmol and Lajjalu while least with Changeri and Kantakari.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1430
4	[ArtTitle]	*PSYCHO SOCIAL STUDY OF INFERTILE WOMEN*
5	[ArtEqEng]	
6	[NmeScholar]	Bhargava, Laxmi
7	[NmeGuide]	P.V.Tiwari, G.S.Nepali
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Problem of infertility is as old as the history of mankind. The barren women had been the victims of superstitions, fear and prejudice. Infertile women feel guilty, useless, unproductive and inferior. Pressure from the family and friends further increase their anxiety and emotional instability. The present study was initiated to interview a representative sample of infertile women reporting for treatment in Prasuti tantra dept. OPD a) to identify and analyze social attitudes towards childless women b) evaluate their belief in religion, superstitions and magic religious treatments c) assess their knowledge about reproductive physiology and artificial insemination d) marital adjustment, e) level of anxiety to evaluate the extent of their psychosomatic problems perceived by them. A special interview schedule, married adjustment questionnaire (Kumar and Rohtagi 1976) and DPI anxiety scale (DUTT 1975) were employed to evolve the status.

Responses obtained from the study reveal that infertile woman feels depressed, useless and unproductive. They usually resort to counter magic and opt magic religious methods. Such women usually visit various temples and shrines for boon. Majority of them lack in knowledge of reproductive physiology and have unfavorable attitude towards adoption and against artificial insemination. Greater portion of infertile women have poor marital adjustment. Majority of them have high levels of anxiety and driven to emotional crisis.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	208
4	[ArtTitle]	*MANAGEMENT OF ARTVA KSHAYA*
5	[ArtEqEng]	
6	[NmeScholar]	Vaish, Sunita Rani
7	[NmeGuide]	P.V.Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti Bala Roga
17	[AnyOther]	
18	[Abst]	Amongst various menstrual abnormalities, Artava kshaya is one, which is the most common gynaecological disorders. The role of "Artava Janana Gutika" (containing Ghana satva of black Tila, Ghritkamari, Lodhra mixed with old jaggery) was observed in 50 cases majority of active reproductive age in the dose of 500mg thrice a day. Associated symptoms were mainly pain in abdomen, backache, etc. Past history of disease varied from 3-48 months. No any specific pathology was found in any case. The results were assessed on the basis of total normalization of duration and amount of menstrual blood loss, as well as disappearance of associated symptoms. Results, were cured 60%, improved 20%, partially improved 16%, unchanged 4% in all the cases corresponding to relief menstrual history, improvement in associated symptoms also were noted in all the cases.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	181
4	[ArtTitle]	***MANAGEMENT OF GARBHINI CHARDI***
5	[ArtEqEng]	
6	[NmeScholar]	Manjari
7	[NmeGuide]	P.V. Tiwari, D.N. Mishra
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Tantra
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Tantra
17	[AnyOther]	
18	[Abst]	Chardi or vomiting to a pregnant woman occurs usually as a symptom of Vyakta grabha or morning sickness, however some times it turns into hyperemesis which require specific treatment. YOGARATNAKAR has mentioned few recipes for Chardi. The present study was conducted to evaluate efficacy of a new formulated recipe for the treatment of morning sickness. The test drug contains Praval Panchamrit (30%) Myuranpccha Bhasma (30%), Suwarn makshika Bhasma (20%) and Kamdudha Rosa (20%) and named as 'GCHY'. Experimental study showed no teratological or toxic effect in albino rats. All the 50 cases of study were divided in two groups, A&B. Group 'A' recived GCHY (400mg thrice daily) and group 'B' got Promethazine theodate 1 tab TDS. Results of the study revealed that 68% cases in group A and 72% cases of group B were cured .8% in group A and 12%

cases in group B improved, 4% cases were relieved in group 'A' and 10% cases in groupB and 8% cases in group A and 4% cases in group B remained unchanged. Although GCHY has given comparatively lower effect than Promethazine but being from natural source, GCHY may be used freely in hyperemesis gravidarum.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	198
4	[ArtTitle]	***MANAGEMENT OF VATAJA ARTAVA DUSTI***
5	[ArtEqEng]	
6	[NmeScholar]	Mishra, Usha Rani
7	[NmeGuide]	P.V. Tiwari, D.N. Mishra
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	

Amongst various disorders of reproductive systems menstrual disorders (Artava dusti) form a major group. Artava Kshaya or disorders in the among of Artava (oligomenorrhoea) are one of the aspect of Vataja Artava Dusti. Thus the cases suffering from these menstrual disorders were selected for study.

The drug capable of increasing the amount of Artava and pacifying aggravated Vata are the drugs of choice. On this basis, the Dashamooladi Vati was selected to study its efficacy in the case of Vataj Artava Dusti and given 500 mg thrice a day. All the cases (50) were divided into 2 groups A & B, 25 in each, group A has given placebo, while group B received the test drug. Treatment was given for 3 months. Improvement in amount of menstrual blood loss, duration of menstruation was noted as well as pain was relieved after one month of treatment in cases which were treated with the drug. The results were cured 0% & 28%; improved 4% & 36% partially improved 8% & 24% partially relieved 32% &4% unchanged 56% & 8% respectively in group A & B.

Experimental study in immature female rats, the drug showed oestrogenic activity, almost comparable to the oestrogenic activity of ethinyle estradiol.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1435
4	[ArtTitle]	***STUDY OF LAKSHMANA ON REPRODUCTIVE PHYSIOLOGY***
5	[ArtEqEng]	
6	[NmeScholar]	Lal, Chhote
7	[NmeGuide]	P.V.Tiwari, K.C.Chunakar
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Many drugs have been mentioned for the rituals adopted in pumsavana karma and lakshmana is supposed to be the best one. This drug has been equated with various other drugs. All the experiment, included in the study, was aimed to assess the effects of the drugs taken by the name of Lakshmana. Effects of these drugs in fertility, ovarian, hormones and myometrium were observed on albino rats of either sex (100-120gms) with proven fertility. On the basis of literary and experimental study it can be concluded that Ginseng may be real Laksmana of Ayurveda. Solanum xanthocarpum (white flower) and Ipomoea sepiaria may be used as its source or substitute. However, Biophytum sensitivum may be tried as an antifertility agent.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	215
4	[ArtTitle]	***ROLE OF RASANJANADI YOGA RAKTA PRADAR***
5	[ArtEqEng]	
6	[NmeScholar]	Agrawal Shashi
7	[NmeGuide]	M.Dwivedi
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti -Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti -Bala Roga
17	[AnyOther]	
18	[Abst]	Rakta pradar is characterized by irregular, excessive and prolonged bleeding per vaginum. The normal menstrual bleeding when turns excessive or prolonged in nature; it hampers the general physical and mental health of women. Rasanjanadi Yoga advocated for raktapradar is rakta-stambhaka, so, Selected for the study. The study includes only those cases having irregular excessive prolonged bleeding for three or more than three cycles. The final sample contained 66 cases were divided into 2 groups A and B, having 34 and 32 cases respectively. The test drug was given to B group, while Kutaja (control) to group A The drug was given in the doses of 500mg TDS for six months and patients were evaluated after 2 months,6 months and 8 months after discontinuation of therapy.

It has been observed that the Rasajanadi Yoga is more effective in correcting the duration (66%) and intermenstrual period (66.6%) than amount of bleeding (52.2%) while Kutaja is more effective in correcting the amount of bleeding (70%.)

Rasanjanadi Yoga is a effective remedy for Rakta pradara

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	195
4	[ArtTitle]	***ROLE OF UTTAR VASTI IN ARTAVA VYAPAD***
5	[ArtEqEng]	
6	[NmeScholar]	Puja
7	[NmeGuide]	P.V. Tiwari, H.S.K. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	The description of menstrual disorders is given mainly under the heading of Astartava Dosha, & Yoni Vyapad and upto some extent in Jataharinis. In the present work on the basis of availability of cases, the cases of oligomenorrhoea, Dysmenorrhoea; Oligomenorrhoea; Dysmenorrhoea and Menorrhagia, were selected and grouped as I, II, III & IV respectively. Vasti is a specific therapy prescribed for the treatment of various Artava Dosha. This was selected to be assessed in this study. Before giving Uttara Vasti or Uterine Instillation, Asthapana and Anuvasana Vasti with the help of soap water and Narayana Taila mixed with Dashamoola Kwatha were also used. The cases (No.30) were observed for change of their symptoms and menstrual flow etc. 66.67%; 71.42% and

66.67% cases of group I, II & III respectively were totally free from disorders. Only 11.11% cases of group I remain unchanged. 14.29% and 16.67% cases of group II & III respectively, showed partial improvement of their respective symptoms. In remaining cases of these 3 groups though there was marked improvement with respective symptoms, however some abnormalities persisted. The condition was deteriorated in all the cases of group IV. This finding gives the impression that Vasti Chikitsa should never be applied to the patients suffering from menorrhagia.

In the experimental study conducted in albino rats showed that in the animals received Phalaghrita produces hyperactivity of the endometrium and myometrium of uterus.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	199
4	[ArtTitle]	***STUDY OF COMPARATIVE EFFECT OF CERTAIN KSHARAS IN CASES OF CERVICAL EROSION***
5	[ArtEqEng]	
6	[NmeScholar]	Grover, Kamlesh
7	[NmeGuide]	D.N.Misra, P.V Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti Bala Roga
17	[AnyOther]	
18	[Abst]	Although the literal meaning of cervical erosion is a condition of ulcer on of the cervix uteri. Yet it is a replacement of squamous epithelium of intrvaginal portion by columar epithelium of endocervix. Its treatment is, the use of Sodhana Vasti, if it fails; Kshara Karma & Agni karma has been advocated. The present work performed on 50 cases, a comparative study of Til kshara and Apamarga kshara, has been made. A comparison between kshara karma (Apamarga kshara) and Agni karma electric caustery) has also been done followed by udumbara ointment. These cases were divided into 2 groups; Group I- Apamarga kshara application + Udumbara ointment; Group II Electric cautrey + udumbara ointment.

The results were assessed on the basis of healing or epithelization of cervical erosion and improvement in other associated symptoms. Til Kshara application seems to be ineffective in cases of cervical erosion. Applications of Apamarga kshara and Udumbara ointment gives better result in comparison to electric cautery followed by udumbara ointment. It is clear from the study that kshara karma gives better result than Agni karma.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	216
4	[ArtTitle]	***STUDY ON THE EFFECT OF KUMARYADI VATI IN KSHINARTAVA***
5	[ArtEqEng]	
6	[NmeScholar]	Khandelwal, Beena
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti- Bala Roga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Prasuti- Bala Roga
17	[AnyOther]	
18	[Abst]	All the diseases concerning human body are caused by interaction in between Dosh as and Dushyas. In case of female, vata do dosha is main governing factor for entire reproductive physiology. Vata when vitiated causes various types of menstrual abnormalities but in majority of cases it causes kshinartava (oligomenorhoea/hypomenorrhoea), which is one of the common gynaecological disorders. In the study, the effect of Kumaryadi Vati consisting of Ghrit kumari, Black Tila, pippali,jyotismati and jaggary in 50 cases (active reproductive age) of Kshinartava were observed. All the cases were treated with the test drug for 4 months. Improvement in amount as well as in duration of menstrual bleeding was noted with relief in associated symptoms. Results were cured 58%, improved 16%, relieved 18%,

partially relieved 4% and unchanged 4% in all the cases. On experimental study, the kumaryadi vati showed marked oestrogenic activity just parallel to Ethinyl oestradiol.

1	[ArtID]	
2	[FolNo]	18 B
3	[SlNo]	3
4	[ArtTitle]	***STUDY OF BABBULA AND EFFECT OF THE BARK ON SWETHA PRADARA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.S.Jayashree
7	[NmeGuide]	Dr.R.M.Mohana
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[Any another]	
18	[Abst]	This dissertation work proves the drug Babbula (Acacia Arabica) as a useful remedy in all types of swetha pradara irrespective of the etiology and duration without any side effects. a) Babbula being a powerful sthambaka dravya is attributed to the properties like karhaya rasa rooksha guna & sheeta veerya. b) The solid extract of the bark (Rasakriya) is quicker in producing the effect of swetha pradara. c) Kashaya preparation has got a better action as a vaginal douche. d) Oral administration of kashaya has a curing effect in a long run. e) It is a good healing agent because of it kashayayara. f) It pacifies kapha pitta and has got antibiotic action esp.on streptococci.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	177
4	[ArtTitle]	***TREATMENT OF ARTAVA KSHAYA WITH CERTAIN INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Goel, Aruna
7	[NmeGuide]	D.N. Mishra
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	The term Artvakshya denotes particular or complete loss of menstruation i.e. oligomenorrhoea and amenorrhoea. The present study aims at providing some potent alternative to hormonal treatment in such conditions. Nashtapushpantaka Rasa described in Yogaratnakar has been to clinical trial. Out of 40 cases selected for the study 18 were suffering form oligomenorrhoea and twelve were having amenorrhoea. Delayed menarchy was noticed in the cases of oligomenorrhoea. Nashtapushpantaka Rasa was given to the doses of 210mg thrice daily for 21 days in each cycle to oligomennorrhoea cases but in amenorrhoea patients for the of final selection. Patients were followed up at 15 days interval. Treatment was continued for 4 months. The cases where no improvement could be noticed, the dose was double. At the end of final follow up 75% cases of oligomenorrhoea

reported normalization in symptoms and menstrual cycle, but in amenorrhoea group only 33% case reported normalization of cycle. Experimental study revealed that Nashtapushpantaka Rasa does not possess estrogenic property. Further studies to know mode of action are needed.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	157
4	[ArtTitle]	***TREATMENT OF UDAVARAT YONI ROGA WITH INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	M. Sharma
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1971
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Udavarta yoni Roga, as per symptoms described in Ayurvedic literature can be equated with dysmenorrhoea. Drugs prescribed for it in modern medicine either influence hormonal balance or effect uterine musculature. The present study reports effects of Rajah Pravartini Vati as isolated estronized rat urterus and its role in Udavarta Yoni Roga. Estrogenic activity was assessed on immature rats as per Luson et al. (1939) 42 female immature rats divided in seven groups A B C D E F G (6rats each) received Hingu, Tankan, Kashish,Grita kumari (ingredients of Raja Pravartini Vati) and Rajah Pravartini Vati in the doses of 100mg/100gm.wt. to group A B C D E and Necolinestrol 100mg/100gm.wt to group F rat .Group G being control received distilled water . Only Grita kumari(t=2.34) and Raja Pravartini Vati (t=2.06) showed significant results. On isolated uterus Hinga and Tankan

showed maximum contractions. Out of 58 cases of dysmenorrhoea treated with Rajah Pravartini Vati in the doses of 1gm daily in three divided doses from 5th day of menstrual cycle for 3 consecutive cycles. 66.44% cases were cured, 27.40% improved and 12.16% remained unchanged.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	175
4	[ArtTitle]	***UDUMBRARADI TAIL PICHUDHARANA IN SHLESHMALA YANI VYAPAT***
5	[ArtEqEng]	
6	[NmeScholar]	Jain, Shashi
7	[NmeGuide]	C. Chaturvedi
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Shleshmala yoni vyapat can be compared with so many gynecological disorders which give rise to itching in vulva and vagina, discharges per vaginum etc. Trichomonal vaginitis and leucorrhoea are one of the conditions which can be grouped under Shleshmala yoni vyapat. Udumbaradi Tail is a compound preparation described by Charaka Samhita which has been as tampon to assess its efficacy on both these disease. Cases selected for the present study were divided in 2 groups. Group I consisted 30 cases of T.vaginitus and were treated with Udumbradi Tail as local tampon for 4 weeks. 10 Leucorrhoea cases of group II were also given Udumbaradi Tail tampon for 4-6 months. Results of the study revealed that 21 cases cured with disappearance of trichomones in wet and stained vaginal smear

and vaginal pH was changed with disappearance of associated features. 6 cases improved and 3 had partial relief. In Group II 6 cases had complete relief, 2 cases were partially improved and 2 remained unchanged.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	15
4	[ArtTitle]	**CLINICAL EVALUATION OF SHATAVARI CHURNA AS STANYA VIVARDINI**
5	[ArtEqEng]	
6	[NmeScholar]	G. Pradeep Kumar
7	[NmeGuide]	Dr. T. Sripathi Rao
8	[NmeCoGuide]	Dr. V.L.N. Sastry
9	[Dept]	Department of Prasuti
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1994
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti
17	[AnyOther]	
18	[Abst]	The drug Sathavari in powder form is proven as an effective Stanya-Vivardini (Lactogouge) agent even on routine diet of any nature. It is relatively economical. The drug may be maintaining Prolactin levels as well as those of female hormones. For this, its Pitta samaka property may be viewed to suppress hypothalamus whereby PIF (Prolactin Inhibitory Factor) is reduced, thus Prolactin levels are maintained. Accordingly, its appreciable response in Pitta-Prakriti women appears to be highly scientific. So is the condition of the female hormones which may be deemed to the products of Rasayana functions of Shathavari, because the presence of female hormones helps the formation of breast tissue to manufacture milk. Sathavari also adds to improve the contents of the milk as it is evident from the fact that the child is thriving well.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	19
4	[ArtTitle]	***CLINICAL STUDY OF THE ANTI FERTILITY EFFECT OF TALISA GAIRIKA YOGA***
5	[ArtEqEng]	
6	[NmeScholar]	Mrs. C. Narmada
7	[NmeGuide]	Dr. T. Sripati Rao
8	[NmeCoGuide]	Dr. P.V. Raj
9	[Dept]	Department of Shalya-Shalakya & Prasuti
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1994
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti
17	[AnyOther]	
18	[Abst]	For survival of humanity, it is considered that population control is more essential. The rapid increase of population has got an adverse effect on the national economy. Increasing number of births have got deleterious effect on the health of the mother and the child. High parity is also related to increased maternal perinatal and infant deaths and is associated with various obstritical & gynecological complications. Despite tremendous advancements in modern medical sciences, medical management of contraception remains unsatisfactory. Most of the oral contraceptives are of hormonal preparations which are not free from adverse effects. Most of them have to be used throughout the cycle. Prolonged use of these hormones leads to malignancies etc. The present study

has been taken up with a view to explore non surgical, non-hormonal, safe, single day administrative contraceptive.

During medieval period the books like Rasaratna samuchchaya, yogaratnakara, Bhaisajya ratnavali, Anangaranga have delineated some recipes for contraception. Majority of them are oral contraceptives for females. Among them talisa gairika yoga is one.

The essential things required for healthy progeny are unvitiated Ritu, Kshetra, Ambu, Beeja, which can be taken as ovulation, uterus with its appendages, sperm and ovum, nourishing factors respectively. Possibilities of contraception in above mentioned 4 segments discussed.

The effectiveness of Talisa Gairika Yoga was administered on the grounds of Aptopadesha, by virtue of laghu, tekshna, ushna, katu gunas of Talisapatra, antagonizes the ovulation.

Age-wise analysis of cases revealed fertility is more in 20-29 years; where as minimum is 40-49 years.

Prakruti revealed kapha prakruti persons are more fertile than other prakrutis.

Economical status wise analysis displayed middle class people are adopting more contraceptive measures than other groups.

Parity wise analysis revealed that after two children only people are adopting contraceptives.

In short, antifertility effect of Talisa-Gairika Yoga was encouraging:

Out of 40 cases 26 (65%) did not get conception, 2 persons got conception in first months of administration of the drug but aborted within 45 days of gestation, where as 2 persons didn't get conception for two cycles. But in 3rd cycle they got conception and carried till terms.

10 persons did not respond to that drug.

Cycle wise results:

This drug administered to 40 cases for 3 cycles, so total number of cycles is 120.

Out of 120 cycles 82 (68.3%) cycles were successful and remaining 38 (31.77%) cycles were failures.

In first cycle 28 (70%) were successful and 12(30%) were failures.

In second cycle 28 (70%) were successful and 12 (30%) were failures.

In third cycle 26 (65%) were successful and 14 (35%) were failures.

This study can be considered as pilot study to evaluate safe, non hormonal, free from side effects, single day regime for the maintenance of family planning.

With all the above results it is concluded at this juncture that Talisa-Gairika yoga proved to be effective and beneficial for fertility control. To evaluate better results further study may be required.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***GARBHA NISHKRAMANAMADHYE APANA VAYUCHE YOGADAN- KRIYATMAKA ABHYASA***
5	[ArtEqEng]	A Physiological study of role of Apana vayu in child labour (delivery of a baby)
6	[NmeScholar]	Mangala Panjabrao Thakare
7	[NmeGuide]	N.P.Vaidya
8	[NmeCoGuide]	
9	[Dept]	Sharira kriya
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1997
13	[EnNo]	GACH 79/95
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sharira kriya
17	[AnyOther]	
18	[Abst]	Medicinal treatment is performed when there is imbalance in doshas but when there is derangement in structure surgery is performed. Garbha nishkramana is the normal function of Apana vata. But it is observed that many times caesarian section is performed instead of normal delivery. Why it happens? To study such questions the present study is done. The domain of Apana vayu is pakvashaya, guda, vrishana, medhra, mutrashaya, nabhi, and jangha. To hold the mala, mutra, artava and garbha and to eliminate out of the body during the natural urges are the functions of Apana vayu. Vata has a major contribution in the garbha starting from conception till its expulsion after full term. The organs in the domain of Apana vata and the one which are engaged in conception, holding and delivery of Garbha are the same. Vitiation of

Apana and vata vitiating diet, regimen causing asthi vikriti or kha vaigunya leads to congenital deformities which can cause difficulties in conception and delivery of baby. It is observed that 70 % individuals having constipation didn't have natural delivery. But individuals having kashtartava didn't face any problems in delivery as 70% were having history of kashtartva but they had normal delivery. There was no significance related with mutravega. The females were thoroughly interrogated for their Apana vayu functions such as mala, mutra, artava and garbha nishkramana.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	13
4	[ArtTitle]	***CLINICAL REASSESMENT OF PUMSAVANAM WITH MAYURA PICCHA CHURNAM WITH GUDA PRACTISED AS FOLK LORE MEDICINE***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Ch. Ravinder
7	[NmeGuide]	Dr. T. Sripathi Rao
8	[NmeCoGuide]	Dr. V.L.N. Sastry
9	[Dept]	Department of Salya Salakya & Prasuti Tantram
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti Tantram
17	[AnyOther]	
18	[Abst]	The present clinical work is on "Clinical re-assessment of Pumsavanam with Mayura Piccha Churnam with Guda, practiced as a folklore medicine". The object of this study is to help adopting it as an indirect method of family planning. This consisted of 40 cases of first trimester pregnant ladies with H/o daughters and who desired a male pregnancy. The Pumsavanam, one of several samskaras, exercised mainly on a pregnant woman, is a feature of highly scientific practice of Ayurveda to get a child by choice. This is more relevant to present day context of family planning.

This suggests the deep knowledge of Ayurveda regarding the embryology, genetics and sex control. The various prescriptions of Ayurveda are tried with success in majority of cases. The cases that failed are only due to miscalculation of duration of early pregnancy or less potential drug, (Asampat dravya prayogam).

With the advancement of genetics, doubts upon the significance of Pumsavanam have been advanced and presently the workers of various fields have engaged themselves in probing into the significance of therapeutic validity of the system as well as developing a true and effective system for getting a male child.

Results showed 77.5% positive with male progeny.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	149
4	[ArtTitle]	***EFFECT OF CERTAIN INDIGENOUS DRUGS ON CALCIUM METABOLIM DURING PREGNANCY***
5	[ArtEqEng]	
6	[NmeScholar]	N.S.N. Nair
7	[NmeGuide]	N.G. Joshi
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti
17	[AnyOther]	
18	[Abst]	Supply of calcium to pregnant women is considered essential. Although very elaborate description of antenatal care is available in Ayurvedic texts, but no specific calcium preparation like Prawal, Shankha, Kapardik etc, have been advocated. It can be inferred that various herbal drugs might be helping in adequate supply of calcium by way of both increasing calcium absorption and metabolism or may be containing calcium in some form. With this hyposthesis present study was initiated. Experimental study was carried out in albino rats divided in three groups with 30 rats in each group. Group 'A' (pregnant rats) received alcoholic extract injection of Prishniparni (Uraria picta) and group 'B' got Ashwagandha (Withania ashwagandha). Group 'C' (control) was administered distilled water. Calcium and phosphorus levels were assessed in blood,urine and bone. although both the these drugs enhanced Calcium levels and Hb% ,Prishniparni showed better efficacy.

1	[ArtID]	
2	[FolNo]	17A
3	[SlNo]	4
4	[ArtTitle]	***EFFECT OF YASHTIMADHU AND PRADARANTAKA LOHA IN GARBHINEE PARICHARYA***
5	[ArtEqEng]	
6	[NmeScholar]	Miss Neeta Mahesekar
7	[NmeGuide]	Dr. Sharada Devi Bhavani
8	[NmeCoGuide]	Dr. V.L.N. Shastri
9	[Dept]	Department of Prasuti Tantra & Stree Roga
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Vijaywada
11	[Univ]	University of Health Science, Vijaywada
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti Tantra & Stree Roga
17	[AnyOther]	
18	[Abst]	Garbhasaya refers to uterus. The important things required for a healthy progeny are unvitiated Kshetra, Bija, Ritu, Ambu which can be taken as Uterus along with healthy vaginal canal, sperm and ovum, Ovulation period - as nourishing factors respectively. The term Artava refers to both menstrual blood and ovum, hence Artavavaha Srotas refers to both uterine vasculature and orchestra of female hormonal system as well. The word Sukra denotes bodily anabolic actions (Sarva Dehika Antahsukra) both in male and female and refers to sexual hormones responsible for development of secondary sexual characters in females. The formation of Garbha, its developmental stages have been vividly described under the title of 'Garbhinee Masanumasika

paricharya' the do's and dint's are mentioned in all the classics. The growth of Garbha depends mainly on the mothers' diet which is also emphasized. While describing the process of Garbha Vridhi with Ahara Rasa, Bhoja and Charaka say that the Rasa synthesized by the mother divides in three parts. One part nourishes the body of the mother, second part contributes to the formation of stanyam and the third part feeds the foetus. By this it is clearly evident that if the expectant mother does not take Satmya Pathyakara Ahara (balanced diet), formation of Rasa from ahara becomes deficient. Thus it cannot nourish either the mother or the foetus helping in giving balam strength and immunity. Apart from nutritional factors a close study of the do's and dont's reveal the emphasis laid by the ancient Acharya's for healthy mental factors. Charaka mentions the effect of imbalanced mental constitution of the mother reflecting on the child being timid, thief, sluggish etc. In this regard Ayurvedic Acharyas have strongly reflected this point. All these facts are now being realized by modern scientists. The antenatal care of modern science was also incidental as it was started for a different purpose (for unmarried mothers), the good effects of antenatal care were analysed later. The antenatal care developed in recent times was already described in old classics signifying its usefulness in creating healthy progeny and healthy society.

Yonisrava are different in color, consistency, odour, density depending upon the Dosha involved. Pradara or Asrigdara denote excess secretion of menstrual blood or at times other than blood (Amarkosa). In this thesis trial was limited to Kaphaja type of Pradara which comes close with the description of Sweta Pradara equated to leucorrhoea. Excessive discharge per vagina or leucorrhoea is often complained during pregnancy which is a physiological but has every change of becoming pathological due to various pathogenesis which ahs been mentioned.

To assess the general progress Yasthimadhu was administered on the grounds of Aptodesa and by virtue of its properties of Madhura, Snigdha, Balya, Rasayana etc. These all account for its anabolic action of which pregnant lady needs very much.

Pradarantaka loha was given in cases of Kaphaja Pradara along with Yashtimadhu.

In this work, clinical trial was conducted on 30 patients. The above mentioned drugs were administered after diagnosis base on both subjective and objective parameters. Assessment was made depending upon these parameters and results were graded as 'Good', 'Partial', 'Minimal'.

The management of Garbhinee with Yashtimadhu and Pradarantaka loha is effective as good results were seen in patients of 'A' group (60%), 'B' group (66%) and partial improvement (26%) in group 'A' and group 'B' with (26%) and minimal improvement in 'A' group (13%) and (6%) in group 'B' respectively.

The treatment in efficacious, economical and well tolerated without any side effects.

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1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	18
4	[ArtTitle]	***STUDY OF EFFECT OF BHRINGHARAJ BHAVITA KASEESA BHASMA ON GARBHAVASTHA JANYA PANDUROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Karuna D. Chaudhari
7	[NmeGuide]	Dr. Sharada H.K. Bhavani
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya & Prasuti
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti
17	[AnyOther]	
18	[Abst]	By the study conducted on the "Improvement of Hemoglobin % and R.B.C. count with Bhringaraja the Bhavita kaseesa" it can be concluded that – 1. The chosen drug 'Bhrindaraja Bhavita kaseesa' has proved to be effective in increasing hemoglobin percent as well as total RBC Count, regardless of the factors like age, gravida, degree etc. 2. The drug was well tolerated. And not even a single case has complained of any side effects. 3. The improvement in significantly noticed in – a) age group

b) Multi gravidae

c) Non-vegetarian group

d) Later trimester

It can be said that excellent results are obtained in patients of Mild Degree group.

So it can be inferred that 'Bhringaraja Bhavita Kaseesa can safely be administered in the cases of anaemias in pregnancy successfully. If the duration of the treatment is increased to more than 2 months, better results may be obtained. This inference may help others who are interested to work and study further more on Bhringaraja Bhavita Kaseesa.

Thus this study is able to provide after indigenous heamatinic drug for the management of anaemia particularly during the period of pregnancy.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***MANAGEMENT OF ARAJASKA YONIVYAPAD ACCORDING TO CHARAK SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	NOHAR S.
7	[NmeGuide]	DR. GHOLAP S. R.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Arajaska yonivyapad, uttarbasti ***Background and aim:*** - To study management of Arajaska yonivyapad according to Charak Samhita with the help of clinical trial. The aim was to study efficacy of kutaj and kashmiri siddha ghruta for uttarbasti and yastimadhu ksheerpak orally in arajska yonivyapad. ***Methodology:*** - Study was conducted at BV Ayurved hospital in 17 cases of selected of Arajaska yonivyapad. Cases of Arajaska yonivyapad above the age 18yrs, with amenorrhea with history of major illness in past and lack of nutrition were included in

the study. Cases below 18 yr all malignancy, menopausal, excluding from trial. It was a single blind randomized controlled clinical trial with study of kutaj and kashmiri siddha ghruta 6 – 9 uttarbasti given in one month continues for 3 months after 3 bastis gap of 3 days and orally yashtimadhu ksheerpak 60ml BD given for same time period. Follow up taken on every month. The chief assessment criteria were USG Pelvic for increase in endometrial thickness and decrease in signs and symptoms of Arajaska yonivyapad and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

After treatment approximately 2-3 mm endometrial thickness is increased

More of the patients are from pitta vata and vata pitta prakruti

Most of the patients are from labor class, lower socio economic class and uneducated having lack of nutrition.

We got 52% full relief

41%have less relief in problem.

7% have no relief.

Interpretation: -

Use of uttarbasti of kutaj and kashmiri sidhha ghruta helps externally every effective. While use of yashtimadhu ksheerpak works internally as dhatu vruddhikar and helps in nutrition of patient and the avyava.

When these are used side by side we got good result in arajska yonivyapad

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO FIND OUT AND COMPARE EFFICACY OF IKSHUMULA CHURANA AND SHATAVARI MULA CHURNA AS STANYAJANA***
5	[ArtEqEng]	
6	[NmeScholar]	DOSHI S. A.
7	[NmeGuide]	DAITHANKAR P. K
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	

19 [Abst]

Keywords: Shatavari, Ikshumula, Stanyajana

Background and Aim: -

A comparative study of Ikshumula churna and shatavarichurna in Stanya kshaya disease.

The aim is to compare and find out efficacy of Ikshumula churna and Shatavarimula churna in stanya kshaya

Methodology: -

Study was conducted at BV Ayurved hospital in 60 cases of selected of Stanyakshaya. Cases of Stanyakshya above the age 18yrs, of any para, with baby in kshirap kal were included in the study. Cases below 18 yr, stanya dushti, stana chuchuk vrana, baby suffering from disease were excluding from trial. It was a single blind randomized controlled clinical trial. Cases divided in two groups

Gr. A includes 30 patients receiving Ikshumula churna 2g given 3 times a day for 14 days with milk as anupan. Gr. B includes 30 patients receiving Shatavari mula churana 2g given 3 times a day for 14 days with milk as anupan. Follow up taken on 3rd, 5th, 7th and 14th day. The chief assessment criteria were increase in stanya and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

Gr. A 73.17% improvement was observed and in gr. B 83.34% improvement was observed. Increase in EBM quantity per 2 hours was observed between 5 and 7 day

Interpretation:-

Effect of therapies of Ikshumula and Shatavarimula churna in stanyakshaya is satisfactory Shatavarimula had more satisfactory results than Ikshumula Both churna showed pramantha, gunataha and karmataha stanya vardhan Shatavarimula shows highly significant results than Ikshumula because of shatavari mula churna have extra property i.e., tikta rasa and reduced agnimandya which in turn increases rasa dhatu and ultimatly increases stanya.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE CLINICAL EFFECT OF KAWACHA BEEJ CHURNA IN SHUKRAKSHINATA***
5	[ArtEqEng]	
6	[NmeScholar]	FULFAGAR S. B.
7	[NmeGuide]	DR. GHOLAP S. R.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Kawacha beej, Shukrakshinata

Background and Aim: -

This study was designed to study clinical effects of kawacha beej churna on Shukrakshinata (oligospermia). The aim is to study clinical effect of Kawachabeej churna on shukrashinata and also to find a cost effective alternative to established treatments.

Methodology: -

Study was conducted at BV Ayurved hospital in 35 cases of selected of Shukrakshinata. Cases of Shukrashinata above the age 21yrs married male, sperm count < 40 million/ml without motility problem associated with infertility were included in the study. Cases below 21 yr, diabetes, Kochs, HIV, carcinoma were excluded from trial. It was a single blind randomized controlled clinical trial with study of Kapikachu churna administered 3g OD with cow milk for 3 months. Follow up taken on 1st, 2nd, 3rd month. The chief assessment criteria were increase in sperm count and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

After treatment sperm count increased in 91.4% patients. Sperm count remained as it is in 2.8% patients and decreased in 5.7% patients and some volume increased in 14.2% patients. Semen volume remained as it is in 80% and decreased in 5.7%. 2 patients out of 34 were able to induce the conception during the treatment period.

Interpretation:-

Kapikachu churna with cow's milk can be considered as an effective treatment for shukrakshinata (oligospermia)

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE EFFICACY OF PHALASARPI ON ARTAVA NISHKASAN***
5	[ArtEqEng]	
6	[NmeScholar]	PATIL S. J.
7	[NmeGuide]	DR. MOHITE S. S.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	

19 [Abst]

Keywords: Phalasarpi, Artava nishkasan.

Background and aim: -

The study was designed to assess the ovulation and the effect of phalasarpi on ovulation.

Methodology: -

Study was conducted at BV Ayurved hospital in 30 cases having un-ovulatory cycles. Cases of unovulatory cycle of the age 18 to 35 yrs diagnosed by USG were included in the study. Cases below 18 yr and above age 35 yr, previous hypertension , cardiac, renal, endocrinal disease hepatic disease, STD, HIV, Obesity, Malignancy were excluded from

trial. It was an open type of clinical trial. Study formulation Phalasarpi was administered in 10ml BD dose with warm water as anupan for 3 months. Follow up taken on every 15 day. The chief assessment criteria were ovulation and gradation recorded by score card method before and after treatment.

Results: -

Out of 30 patients of unovulatory cycle 21 patients got positive results. Out of 21 patients after treatment 10 [47.62%] patients had ovulation at end of 1st month.. In another 6 [76.19%] patients ovulation occurred at the end of 2nd month of treatment. In remaining 5 patients ovulation occurred after the completion of 3rd month. 9 patients (30%) showed negative results for the medicine.

Interpretation: -

Vyadhi pratiniyat lakshanas mentioned in rajodushti showed statically significant improvement, which confirms the effectiveness of phalasarpi in the treatment of Artavaniskasan.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**ADMINISTRATION OF GOKSHUR SIDDHA GHRUTA DURING 20TH – 24TH WEEKS OF PREGNACY AS A PROPHYLACTIC MAJOR IN GARBHINI SHOTHA**
5	[ArtEqEng]	
6	[NmeScholar]	MAHADIK R. R.
7	[NmeGuide]	DR. MOHITE S. S.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	

19 [Abst]

Keywords: Gokshursiddha ghrita, garbhini shotha.

Background and aim: - The aim of study was to assess the efficacy of Gokshur Ghruta during 20th – 24th week of pregnancy as a prophylactic major in Garbhini shotha.

Methodology: - Study was conducted at BV Ayurved hospital in 60 cases of selected of Gabhopadrava shotha. Cases of garbhini Shotha above the age 18yrs, of any parity, multiparas having history of PIH were included in the study. Cases below 18 yr, previous hypertension, and cardiac, renal endocrinal disease hepatic disease garbhini pandu were excluded from trial. It was a single blind randomized controlled clinical trial. 30 patients from Group A received Gokshur siddha ghruta from 20th to 24th weeks of pregnancy 2 TSF BD with warm water for one month and that of group B received only routine ANC medicine. Follow up taken on every 15 day. The chief assessment criteria were reduction utsedh [oedema], anga gaurav, agnimandya , aruchi, prashek, excessive wt. gain, albuminurea, oligourea, hypertension. The results were recorded by score card method before and after treatment.

Results: - The blood pressure of 11 patients in control group 11 patients was normal in 6th month which increased during 9th month- systolic between 138 to 168 and diastolic between 90 to 110. Blood pressure of remaining19 patients was normal during 6th to 9th months.

The blood pressure of 28 patients in trial group was 110/70 during 8th and 9th months -systolic between 110 -120 and diastolic between 70 – 80 mm Hg. BP of 2 patients in this group was found to increase during 9th month - systolic between 136 – 140 and diastolic between 90 to 100.

Interpretation: - The pharmacological profile of gokshur siddha ghrita explains that it posses deepan, balya, hridya, ojavardhan, shothaghna, diuretic, hypotensive properties basically correcting the samprapti of garbhopadrava shotha.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**CLINICAL STUDY OF KAPHAJA YONIVYAPAD AND CANDIDIASIS AND ITS MANAGEMENT WITH KARANJA CHURNA AND KARANJA OINTMENT**
5	[ArtEqEng]	
6	[NmeScholar]	KHATAL S. R.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Key Words:*** Karanja Ointment, Kaphaja yonivyapad, Candidiasis ***Background and Aim:*** The study was conducted to verify the effect of sarvadehik and sthanik use of Karanja on Kaphaja Yonivyapad and Candiasis. ***Methodology:*** In the study conducted at BV Ayurved hospital, 30 cases of Kaphaja Yonivyapad of age above 18 yrs, married women,

with candiasis were included and all types of malignancies, HIV, STD, Kaphaj rajodusthi, were excluded from trial. It was a single blind randomized controlled clinical trial. Group A comprised of 15 cases diagnosed as Kaphaja yonivyapad without candidiasis received Karanja Churna capsules 1g orally BD and karanja ointment for vaginal application for 7 days; and cases of B group diagnosed as Kaphaja yonivyapad with candidiasis received Karanja churna capsule BD orally and Karanja ointment for vaginal application for 7 days. Follow up was taken on 3rd and 7th day. The chief assessment criteria were reduction in sign and symptoms of Kaphaja yonivyapad recorded by score card method before and after treatment. The data was analyzed by employing median test.

Result:

All 30 patients were asymptomatic after receiving treatment. Patients in group A showed 54% and Group B 40% improvement in all symptoms.

Interpretation:

Patients find some treatment modalities like pichu, kalka, varti for Yonivyapad inconvenient to apply. That's why these dosage forms are not widely used. To overcome the problem we used karanja tail ointment. Karanja has antimicrobial activity and also it is kandhughna, krumighna and kaphaghna properties. In this study efficacy of karanja was proved in both groups.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CLINICAL STUDY OF PITTAJA YONIVYAPADA AND TRICHOMONAS VAGINITIS AND ITS MANAGEMENT WITH SARIVA CHURNA AND SARIVA GEL.***
5	[ArtEqEng]	
6	[NmeScholar]	BOBADE R. H.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Pittaj yoniyvapad, Sariva gel ***Background and Aim:-*** To study the effect of Sariva Churna and Sariva gel in Pittaja yoni vyapad and Trichomonas vaginitis. In ayurved they have mentioned different formulations for local application vagina in yonivyapad which are every inconvenient for patients to use. For the convenience of patient in our study we prepared sariva gel for local application of vagina.

Methodology:-

Study was conducted at BV Ayurved hospital in 40 cases of PittajaYonivyapad. Pittaja yonivyapad cases with age above 18 yrs, married women, Trichomonas were included in the study. All types of malignancy, HIV, STD, Pittaja rajodusthi, were excluded from trial. It was a single blind randomized controlled clinical trial. Cases divided in two groups, A group and B group. A group containing 20 cases diagnosed as Pittaja yonivyapad without Trichomonas received Sariva Churna capsules 1g orally BD and Sariva gel for vaginal application for 7 days and B group diagnosed as Pittaja yonivyapad with Trichomonas received Sariva churna capsule 1g BD orally and Sariva gel for vaginal application for 7 days. Follow up taken on 3rd and 7th day. The chief assessment criteria were reduction in sign and symptoms of Pittaja yonivyapad recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results:-

After treatment there is good achievement in group A. (65%). While in group B there is 45% good response to treatment. While 20% poor response in group A and 30% poor response in group B.

No response was found in 15% in group A while 25% in group B

Interpretation:

It shows that there is remarkable improvement in sthanik and abhyantar chikitsa in both group i.e. Group A and Group B.

After our study it was observed that there was similarity between pittaja yonivyapad and trichomonas vaginitis

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE ROLE OF AAMGARBHABASTI IN UPAVISHTAKA***
5	[ArtEqEng]	
6	[NmeScholar]	HAWALE M. S.
7	[NmeGuide]	DR. GHOLAP S. R.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Aamagarbha basti, upavishtaka ***Background and Aim: -*** This study was designed to evaluate clinically the efficacy of Aamagarbha basti and ashwaggandha churna in upavishtaka. ***Methodology: -*** Study was conducted at BV Ayurved hospital in 30 cases of selected of Upavishtaka. Cases of Upavishtaka above the age 18yrs, of any parity, amenorrhea above 4 months, less fetus weight, oligohydramnios were included in the study. Cases below 18 yr, garbhini hrudrog, fetal anomalies, time less than one month for delivery, cases having vaginal discharge like

leucorrhea and P.V. bleeding were excluding from trial. It was a single blind randomized controlled clinical trial. Cases divided in two groups Gr. A includes 15 patients receiving Aamagarbha basti from 5th to 6th month up to 8th to 9th month minimum 21 basti given once alternate day. Gr. B includes 15 patients receiving Ashwagandha churna 1g given 2 times a day for up to 9 months. Follow up taken on every month up to delivery. The chief assessment criteria were USG Pelvic for fetal wt, amniotic fluid quantity and mother wt. per abdominal examination of garbhini i.e., fundal height and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

The average weight gain seen in gr. A baby is 814.98 gm and in gr. B babies is 1176.73 gm and after treatment of Aamgarbha basti the serum protein level increased with 1 to 1.5 micro grams.

Interpretation: -

The weight gain of baby during one month of chikitsa is more in gr. B (Ashwagandha churna) than gr. A (Aamagarbha basti) both has good effects on Upavishtaka to improve garbhaposhan and vriddhi. In both groups average wt gain is approximately from 814 g to 1174 g in one month .

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE ROLE OF CHANDAN AND USHIR KALKA ON GARBHINI KIKKISA***
5	[ArtEqEng]	
6	[NmeScholar]	KHOT L. B.
7	[NmeGuide]	DR. MOHITE S. S.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Chandan and Ushir, Kikkisa

Background and aim: -

The aim of study is to assess the efficacy of Chandana and ushir kalka on Garbhini kikkisa by local application.

Methodology: -

Study was conducted at BV Ayurved hospital in 60 cases of Garbhini kikkisa lakshan . Cases of Garbhini kikkisa above the age 18yrs, pregnant women of 6th month with daha, kandu, lakshana were included in the study. Cases below 18 yr, having skin disease like vicharchika, pama, etc, were excluded from trial. It was a single blind randomized controlled clinical trial.

Trial Group A included 30 patients who received chandan and ushir lepa applied over abdomen for 3 to 5 minutes BD from 7th month to delivery and group B included 30 cases that were only observed no medication given. Follow up taken on every month up to delivery. The chief assessment criteria were decrease in Kikkisa lakshan were recorded by score card method before and after treatment.

Results: -

Out of 30 patients in trial group 100% patients got relief from daha and kandu within 60 days and 10% patients were having relief from vaivarnya in 90 days. Controlled group revealed that only 0% patients were having relief.

Interpretation: -

Chandan and ushir kalka lepa on udar for garbhini kikkisa is very effective. There were no sides effects of lepa so can safely be used in pregnancy

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF JYOTISMATI ADI DRAVYA IN NASHTARTAVA.***
5	[ArtEqEng]	
6	[NmeScholar]	NALAWADE N. P.
7	[NmeGuide]	DAITHANKAR P. K
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Jyotishmati, Nasetartava ***Background and Aim: -*** To study detail of nastartava Study efficacy of Jyotismati adi dravya in nastartava. ***Methodology:*** Study was conducted at BV Ayurved hospital in 50 cases of selected of Nashtartava. Nashtartava cases of age above 18 yr of age, of simple uncomplicated cases of missed period non pregnant were included in the study. Cases above 45 yr and below 18 yr of age, hypertension, Diabetic, obese, cancer were

excluding from trial. It was a single blind randomized controlled clinical trial with study Jyotishmati 1g 3 times a day with 30 ml of milk for 3 days. For anovulation 1g TDS from 5th to 7th day of menstrual cycle. Follow up taken after menses daily. The chief assessment criteria starting of menses recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

Of 50 patients who presented to clinic during the study period

Positive results in 37 cases

Menses started within 2- 8 days after treatment

Menstrual flow was for 2 – 5 days

Relative symptoms related to menses were also reduced

In 13 cases manses did not appear even after 15 days.

Interpretation:-

It was observed in the present study that Jyotishmati adi dravyas induction of raja pravriti was found to be satisfactory clinically

Jyotishmati adi dravya found to be safe and effective.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF VIDARIKAND KSHIRPISTHI IN STANYAKSHAYA***
5	[ArtEqEng]	
6	[NmeScholar]	RADE A.A.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords***: Vidarikanda, Stanyakshaya ***Background and Aim: -*** The study was done to assess the effect of vidarikand kshirpisti on stanshaya. ***Methodology: -*** Study was conducted at BV Ayurved hospital in 50 cases of Stanyakshaya selected for study. Primi and multipara having Stanyakshaya, patients having baby in kshirap awastha (below 6 months) and patients who consume 70 to 100 ml of milk daily; were included in the study. Cases having stanya dushti, stana chuchuk vrana, whose baby suffering from any disease

were excluding from trial. It was a single blind randomized controlled clinical trial with study formulation Vidarikand kshirpisthi given BD for 15 days. Follow up taken on 3rd, 7th, 15th day. The chief assessment criteria were increase in amount of stanya and reduction in signs and symptoms of stanyakshaya recorded by score card method before and after treatment. The data was analyzed by employing median test.

Result: -

Out of 50 patients who presented during study; 87% had effect in sharirik hetu and 50% in mansik hetu. Post treatment anushangi vedana such as stanmlanata, vedana, ashaya riktata were decreased.

Interpretation: -

Stanyakshaya in 92% of patients was due to stanya alpata and in 4% of patients asambhavata. Mansik hetu are 20%.

Treatment with Vidarikanda Khirpishti is very helpful in shariirik hetu and less effective in mansik hetu (50%)

If taken in rasayan kala give better results.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***COMPARATIVE STUDY OF SUVARNAMAKSHIK BHASMA AND CAPSULE FEFOL IN MANAGEMENT OF GARBHINI PANDU***
5	[ArtEqEng]	
6	[NmeScholar]	KADAM S. G.
7	[NmeGuide]	DR. MOHITE S. S.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
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13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Suvarnamkshik Bhasma, garbhini pandu. ***Background and aim:*** - Efficacy of Suvarnamakshi bhasma is assessed in comparison with Fefol capsules in patients of garbhini pandu. ***Methodology:*** - Study was conducted at BV Ayurved hospital in 60 cases of Garbhini pandu. Cases above the age 18yrs, with Hb% between 6mg% to 9 mg % in second trimester, not taking iron supplement were included in the study. Cases below 18 yr, Hb% less than 6mg%, renal disease, heart disease and other

malignancy disease were excluded from trial. It was a single blind randomized controlled clinical trial. 30 cases from Trial group A received Suvarna makshik bhasma 250mg OD with ghruta for 2 months and 30 cases from group B acting as control received capsule Fefol OD for 2 months. Follow up taken on 15th, 30th, 45th, 60th day. The chief assessment criteria were increase in Hb% and decrease in signs and symptoms of Garbhini pandu.

Results: -

83% patients from group A & 43% from group B got almost 76 to 100% relief. In vaivarnya suvarnamakshikbhasma showed more efficacy than capsule fefol. Suvarnamakshik bhasma is raktavardhak, raktaprasadaka and pittashamak/ prasadak. So it removes the kleda and also reduce vitiated pitta.

Interpretation: -

Suvarnamakshik bhasma has good effect on lakshansamuchaya of garbhopadrava pandu and Hb%. Cap Fefol has antianemic property but it is less effective in total lakshan sammuchaya of pandu.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF ROLE OF AMALKI AND MADHU ON SHWETA PRADAR WITH SPECIAL REFENCE TO PATHOLOGICAL ORGANISMS***
5	[ArtEqEng]	
6	[NmeScholar]	SHINDE S. V.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Key words:*** Amlaki-madhu, Shwetapradar ***Background and aim: -*** To study and understand detail explanation about yonigata shwetapradar and effect of amalki and madhu in shwetapradar and organisms found in strava. ***Methodology: -*** Study was conducted at BV Ayurved hospital in 30 cases of Shweta Pradar. Cases of shweta pradar above the age 18yrs, stree roga, prasuti with shweta strava were included in the study. Cases below 18 yr, and having malignancies were

excluded from trial. It was a single blind randomized controlled clinical trial. Cases divided into two groups, A group and B group. 15 cases in group A received Amalki churna 1g and madhu orally twice daily for 15 days. Controlled B group containing 15 cases received Amalki churna and madhu orally BD and pitchu of same for vaginal application OD for 7 days. Follow up taken on 4th, 7th and 15th day. The chief assessment criteria were reduction in shweta strava pramana and gradation recorded by score card method before and after treatment.

Results: -

Treatment response in group B is better than in group A. After receiving treatment in group B 80% patients showed good response in 15 days and there was reduction in number of organisms by 80%. In group A 40% patients showed good response and 40% showed partial response to shwetapradar, with 50% reduction in number of organisms.

Interpretation:

It had been observed that amalki madhu had good result for lakshanic chikista of yonigata shweta pradar It shows that there is remarkable improvement in abhyantar and sthanik chikitsa over only abhyantar chikitsa.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY THE ROLE OF BHUNIMBAKALKA WITH MADHU IN GARBHINI HRUTHKLEDA***
5	[ArtEqEng]	
6	[NmeScholar]	Shinde S. G
7	[NmeGuide]	Nandgaonkar J. A
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2005 – 06
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Clinical Research
18	[AnyOther]	
19	[Abst]	

Background and Aim: -

The aim of study was to check efficacy of Bhunimbakalka and Madhu in Garbhini Hruthkleda

Methodology: -

Study was conducted at BV Ayurved hospital in 50 cases. In the single blind randomized controlled clinical trial patients above 18 yrs of age; presenting with hruthkleda, prasek, sthivan were included. Twisted ovaries, red degeneration of fibroid, hydatidiform mole, cholecystitis, appendicitis, hepatitis, and diabetic ketoacidosis were excluded from trial. Trial group and controlled group containing 25 cases each

received Bhunimbalkalka 1g mixed with honey 2g orally BD for 15 days and gelatin capsules for 7 days respectively. Follow up was taken on 3rd, 9th, 12th and 15th day. The chief assessment criteria were reduction in sign and symptoms of Hrutkleda recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results:

48% of the patients got relief with in 4 to 7 days, 8% patients within 8 to 15 days and 4% didn't get relief from treatment. Only 4% of the patients from control group were relieved of symptoms.

Interpretation:

In the samprapti of garbhini hruthkleda; dusti of kledak kapha and pachak pitta, dusti of vyan vayu, kledasanchiti at amaashaya and agnimandya are major components.

Though Bhunimba is tikta rasatmak, it was observed that madhu taken just after Bhunimbalkalka reduces titktasyata of Bhunimbalkalka and patient can take medicine easily. Bhunimbakalka with madhu causes samprapti vighatan in Garbhini Hruthkleda which controls recurrence.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE EFFECT OF GUDUCHI TRIPHALA DANTI KVATH ON YONIKANDU BY YONI PRAKSHALAN OF BAHYA AND PRATHAMAVART OF YONI WITH REFENCE TO TRICHOMONAS VAGINALIS***
5	[ArtEqEng]	
6	[NmeScholar]	DONGARE A.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Yonikandu, Guduchi-triphala-danti quath. ***Background and Aim: -*** The study was done to assess the effect of local treatment in yoni kandu. The aim of study was to estimate the efficacy of Guduchi, Triphala, and Danti kwath in yoni kandu by prashalan of bahya and pratham avarta of yoni. ***Methodology: -*** Study was conducted at BVU Ayurved hospital in 30 cases of

Yoni kandu. Cases of Yoni kandu above the age 18yrs, married, menopausal, pregnant, acute and chronic recurrent cases were included in the study. Cases who are unmarried, having menstrual cycle and third trimester of pregnancy were excluding from trial. It was a single blind randomized controlled clinical trial. 30 cases in trial group received 500 ml of kwath for yoni prashalan and pregnant women received 200 ml of kwath for yoni prashalan. Process was done for 5 – 7 minutes for 7 consecutive days. Follow up was taken on 4th and 7th day. The chief assessment criteria were reduction in yoni kandu and the gradation was recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

In 75% of the patients of yonikandu, local treatment by Guduchi Triphala Danti kwath gave results. Yoniprakshalan by guduchi triphala danti kwath also found to act against Trichomonas vaginalis and Candida albicans as these organisms were not found after treatment.

Interpretation:-

Sthanik chikitsa is very useful in yoni kandu. Triphala danti guduchi kwath acts against Trichomonas vaginalis and Candida albicans

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY EFFICACY OF BILVAMAJJA CHURNA AND LAJAAMBU IN GARBHINI CHHARDI.***
5	[ArtEqEng]	
6	[NmeScholar]	BHOSALE R.
7	[NmeGuide]	DR. GHOLAP S. R.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Bilvamajja, lajaambu, Garbhini chhardi. ***Background and Aim: -*** This study was designed to study efficacy of Bilvamajja churna and lajaambu in Garbhini chhardi. ***Methodology: -*** Study was conducted at BV Ayurved hospital in 30 cases of selected of Garbhini chhardi. Cases of Garbhini chhardi above the age 18yrs, pregnant women chhardi lashan minimum 2 Vega of chhardi in a day were included in the study. Cases below 18 yr, having hyper emesis gravidum, twisted ovarian cyst, red degeneration, hydatiform mole, surgical and medical

condition were excluded from trial. It was a single blind randomized controlled clinical trial with study of Bilvamajja churna administered 2g TDS with anupan lajaambu for 7 days. Follow up taken on 3rd ,5th and 7th day. The chief assessment criteria were decrease in Chhardi lakshana and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

Out of 30 patients 22 (73.33%) patients were having uttam upashaya 6 (20%) patients were having madhyam upashaya 2 (6.6%) patients were having alpa upashaya

Interpretation: -

Bilvamajja churna and lajaambu in garbini chhardi was highly significant. Properties of above drug easily break the samprapti of garbhini chhardi and normalize the vitiated doshas causing chhardi.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE MANAGEMENT OF GARBHINI SHOTHA WITH DECOCTION OF PUNARNAVA (BORREHOEVIA DIFFUSA) & GUDA, GHRUTA.***
5	[ArtEqEng]	
6	[NmeScholar]	MHASKE S. K.
7	[NmeGuide]	DR. MOHITE S. S.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	

Keywords: Punarnava, garbhini shotha

Background and aim: -

The aim was to assess efficacy of decoction of punarnava mixed with guda, ghruta in Garbhini shotha

Methodology: -

Study was conducted at BV Ayurved hospital. 30 cases of Gabhopadrava shotha above the age 18yrs, with or without albuminurea of any parity, with B.P 120/80 to 158/90 mm of hg were included in the study. Cases below 18 yr, having

history of hypertension, and cardiac, renal, endocrina, hepatic diseases, garbhini pandu were excluded from trial. It was an open type of clinical trial. Study formulation of Punarnava kwath 30 ml with 5g guda and 5g ghruta was administered BD orally for 15 days. Follow up taken on every 15 day. The chief assessment criteria were reduction in shotha and decrease in signs and symptoms.

Results: -

In this study 13.33% patients had severe edema 40% patients had moderate edema 46.66% patients had mild edema. Among these 80% patients had complete relief in edema 6.66% patients had moderate relief 6.66% patients had mild relief and 6.66% had no relief. After treatment 27 patients had normal blood pressure with edema and 3 patients had mild hypertension which were shifted to modern medicine. Few patients showed recurrence in symptoms due to continuity in hetusevan.

Interpretation :-

Punarnava kwath with guda and ghrita showed good efficacy on garbhopdrava shotha anga gaurav, aruchi and agnimandya..

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***THE STUDY OF GUGGUL DHUPAN LOCALLY AT YONI IN SUTIKA.***
5	[ArtEqEng]	
6	[NmeScholar]	GARTHE L. S.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Key words:*** Guggulu Dhupan, Vitapcheda

Background and Aim:-

The study was designed to study the efficacy of local treatment 'Guggul dhupan' in sutika vitap ched vrana.

Methodology: -

Study was conducted at BV Ayurved hospital in 50 cases of selected of sutika with normal delivery. Sutika cases of age above 18 yr, with normal delivery with episiotomy in hospital of any parity were included in the study. Cases of caesarean section, home delivery and without episiotomy were excluded from trial. It was an open trial. 50 cases were treated by giving

dhupan of Guggul from 2nd day of delivery and were continued for next 9 days. Each Dhupan session was of 3 – 5 minutes once in morning hours. Follow up taken on 5th and 9th day. The chief assessment criteria were reduction in symptoms of vitap ched recorded by score card method before and after treatment.

Results:-

At the end of 3rd day treatment 14 pts. Got relief

At the end of 6th day treatment 20 pts got relief

At the end of 9th day 10 pts got relief

Result not obtained in 6 cases.

Interpretation:-

Lakshana like shool in tryavarta yoni etc. seen in sutika avastha show statistically significant improvement ,which confirms efficacy of Guggul Dhupan in sutika paricharya.

Dhupan chikitsa in sutika paricharya is very effective. The drugs used in the combination i.e., guggul and ghrut are easily available, cheap and effective remedy for the management of sutika.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL TRIAL OF MADHUYASTISIDHYA GHRUT PARISHEKH AS VRANAROPAK IN YONIGAT SADYOVRAN (PRATHAM AVARTA AND BAHYA YONI) FORMED DURING PRASAV.***
5	[ArtEqEng]	
6	[NmeScholar]	NAVALE V.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	

19 [Abst]

Key words : Madhuyastisiddha ghrut parishekh, Yonivrana, Prasav

Background and Aim:-

To ensure efficacy of Madhuyastisiddha ghrut parishekh as vranaropak in yonigat sadyovran (Pratham avarta and bahya yoni) formed during prasav.

Methodology: -

Study was conducted at BV Ayurved hospital in 60 cases of selected of yonigat sadhavrana formed during delivery. Sadya sutika of age above 18 yr of age, having yoni vrana in pratham avart and bhaya yoni in form of kshata (contusions) and ghrista (lacerations) were included in the study. Sutika with episiotomy wound, HIV, DM and nijavrana were excluded from trial. It was a single blind randomized controlled clinical trial. Two groups were made. Trial group containing 30 cases received madhuyashtisiddha ghrit parishek and control group containing 30 cases did not receive any special treatment other than normal. Yoni parishek of siddhaghrit was given once in a day from 2nd day of delivery and continued for next 7 days. Follow up was taken daily. The chief assessment criteria were reduction in signs & symptoms of yonigat sadyovrana recorded by score card method before and after treatment.

Result:-

It reduces daha, ruja, shoth and sparshasahatva of yonigatsadyovrana. Ghrishtavarna heals on 3 rd day. Kshatvrana heals within 7 days. By statistical analysis it is proved that madhuyasthi siddh gruth parishek is highly significant on yonigat sadyovrana formed during prasav.

Interpretation:-

In this study it has been proved that Madhuyasthi siddh ghrut parishek has very good effect as a vranaropak in yonigat sadyovrana formed during prasav.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL STUDY OF RAJONIVRUTTIKALAJ LAKSHANA AND MANAGEMENT WITH SHATAVARI (ASPARAGUS RACEMOSUS)***
5	[ArtEqEng]	
6	[NmeScholar]	CHAVAN A. P.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	

19 [Abst]

Keywords: Rajonivruttikala, Shatavari

Background and Aim:-

The study was conducted to assess efficacy of drug shatavari churna in the management of Rajonivrutti kalaj lakshna [menopausal symptoms].

Methodology: -

Study was conducted at BV Ayurved hospital in 50 cases of perimenopausal and menopausal women of age group between 45 – 55 yrs; having Rajonivruttkalaj Lakshana. Cases having hypertension, diabetes, heart disease, liver disease, excessive vaginal bleeding and those in need of surgical correction; were excluded from trial. It was a single blind randomized controlled clinical trial. Cases divided into two groups. 25 patients of study group A received dry churna of shatavari roots in a dose of 2gms early morning with ghruta for 90 days. 25 patients of control group B received placebo gelatin capsule OD orally for 90 days. Follow up taken on every 15th day. The chief assessment criteria were reduction in signs and symptoms of rajonivruttkalaj lakshana recorded by score card method before and after treatment. The data was analyzed by employing median test.

Result: -

70% to 80% relief was observed in patients of Gr. A; as against relief in psychological symptoms is seen in Gr. B patients.

Interpretation:-

Ageing and dhatukshaya are causes of rajonivrutti.

Rajonivrutti is not described in details in our classics; though the term menopause seems quite matching. Ayurved implies it as a process of aging which can be taken as swabhavbalapravrutta vyadhi. Symptoms seem to be Vata Pitta dominant. Thus in this study single rasayan drug Shatavari of sheeta and snigdha guna was taken to evaluate its efficacy.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF JYOTISMATI ADI DRAVYA IN NASHTARTAVA.***
5	[ArtEqEng]	
6	[NmeScholar]	NALAWADE N. P.
7	[NmeGuide]	DAITHANKAR P. K
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Jyotishmati, Nasetartava ***Background and Aim: -*** To study detail of nastartava Study efficacy of Jyotismati adi dravya in nastartava. ***Methodology:*** Study was conducted at BV Ayurved hospital in 50 cases of selected of Nashtartava. Nashtartava cases of age above 18 yr of age, of simple uncomplicated cases of missed period non pregnant were included in the study. Cases above 45 yr and below 18 yr of age, hypertension, Diabetic, obese, cancer were

excluding from trial. It was a single blind randomized controlled clinical trial with study Jyotishmati 1g 3 times a day with 30 ml of milk for 3 days. For anovulation 1g TDS from 5th to 7th day of menstrual cycle. Follow up taken after menses daily. The chief assessment criteria starting of menses recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

Of 50 patients who presented to clinic during the study period Positive results in 37 cases

Menses started within 2- 8 days after treatment

Menstrual flow was for 2 – 5 days

Relative symptoms related to menses were also reduced

In 13 cases manses did not appear even after 15 days.

Interpretation:-

It was observed in the present study that Jyotishmati adi dravyas induction of raja pravriti was found to be satisfactory clinically Jyotishmati adi dravya found to be safe and effective.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF CHANDAN SIDDHA GHRUT IN THE FORM OF PICHU ON YONIDAH AND KRUCHRA PAK LAKSHANA***
5	[ArtEqEng]	
6	[NmeScholar]	BORA V. P.
7	[NmeGuide]	DAITHANKAR P. K
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Yonidah, Chandan ***Background and Aim: -*** The efficacy of chandan gruth sidhha pichu with local application is assessed in patients of yonidaha and kruchra pak lakshana. The aim is ensure the effects of chandan siddha ghrut on yonidah and kruchra pak lakshana ***Methodology: -*** Study was conducted at BV Ayurved hospital in 30 cases of selected of Yoni daha and kucharapak. Cases of yoni daha and kucharapaka of age more than 18yrs were included. Cases

below 18 yr, menses, unmarried, garbhini were excluding from trial. It was a single blind randomized controlled clinical trial with study of Chandan siddhagrutha pichu for vaginal application. Pichu is kept deeply in vagina for 6 hrs, OD at 11 am, pittakala for 7 consecutive days. Follow up taken on 7th day. The chief assessment criteria were reduction in kruchra pak lakshana and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

For Daha lakshan out of 30 patients 24 patients got complete relief i.e, 80%

For redness lakshan 22 patients out of 30 patients got relief i.e., 74%

For strava lakshan 22 patients got complete relief i.e., 74%

Interpretation:-

The efficacy of Chandan siddha ghrut pichu was proven in daha and kuchara pak lakshana

It significantly reduced lakshana of daha, redness and strava of kuchara paka.

Sthanik chikitsa of chandan siddha ghrut was effective in symptomatically relief in kuchara pak.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE ROLE OF KARVIRA PATRA SIDDHA TAILA ON KIKKISA.***
5	[ArtEqEng]	
6	[NmeScholar]	HAVALE A. A.
7	[NmeGuide]	DR. GHOLAP S. R.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Karvira Patra, Kikkisa. ***Background and Aim: -*** This study was designed to see the role of Karvira Patra siddha tail on kikkisa with kandu, daha and vaivarnya lakshana by local application. ***Methodology: -*** Study was conducted at BV Ayurved hospital in 50 cases of Garbhini kikkisa lakshan. Cases of Garbhini kikkisa above the age 18yrs, pregnant women of 6th month with daha, kandu, lakshana were included in the study. Cases below 18 yr, having

skin disease like Vicharchika, pama, etc, were excluded from trial. It was a n open clinical trial with study of Karvirpatra sidha tail snehan (Abhyanga) done BD at udarpradesh from 6th month upto delivery. Follow up taken on every month. The chief assessment criteria were decrease in Kikkisa lakshan and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

Use of Karvira patra siddha tail having 100% result in kadu and daha lakshana minimum results in lakshana vaivarnya i.e., 8% are obtained.

Interpretation:-

Karvira patra siddha taila on Kikkisa was highly significant improvement. No side effects were noticed after local application of karvira patra siddha taila on udar

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***EFFICACY OF STANYASHODHAK DECOCTION IN THE MANAGEMENT OF STANYADUSTHI BY ASSESSING BALAK VYADHI.***
5	[ArtEqEng]	
6	[NmeScholar]	KIRAD R. G.
7	[NmeGuide]	DR. MOHITE S. S.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	

19 [Abst]

Keywords: Stanyashodhak decoction, stanya dushti .

Background and aim: -

The study was designed to study Stanyadushti and its management with stanyashodhak decoction. The aim is to assess the efficacy of stanyashodhak decoction in the management of stanyadushti by assessing balak vyadhi.

Methodology: -

Study was conducted at BV Ayurved hospital in 30 cases of selected of stanya dushti. Cases of sthanya dushti above the age 18yrs, of any parity, with balak of kshirap kala and balak suffering from some illness were included in the study. Cases below 18 yr, balak not on mothers milk i.e., >6 months, mother suffering from other disease were excluding from trial. It was a single blind randomized controlled clinical trial with study formulation of Stanyashodhak decoction 20 ml BD orally Abhakta kala for 7 days. Follow up taken on every 3rd and 7th day. The chief assessment criteria were reduction in stanyadushti and decrease in signs and symptoms of balak and gradation recorded by score card method before and after treatment. The data was analyzed by employing median test.

Results: -

Out of 30 mothers 23 mothers got relief it means 76.76% and out of 30 babies 22 got reliefs it means 73.33%.

Interpretation: -

Due to administration of stanyashodhak decoction both mother and baby get cured at the same time.

This study suggests that stanyaparikshan should be done in every neonatal disease and with neonate the mother should be treated simultaneously.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL STUDY OF YONIGATA SHWETASTRAVA AS A LAKSHAN AND ITS MANAGEMENT WITH JASAD BHASMA***
5	[ArtEqEng]	
6	[NmeScholar]	MORE S.K.
7	[NmeGuide]	PROF. DR. MRS. NANDGAONKAR J. A.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF STREE ROGA AND PRASUTI TANTRA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	CLINICAL RESEARCH
16	[Study]	MD
17	[SubStudy]	
18	[AnyOther]	
19	[Abst]	***Keywords:*** Yonigata Shwetasrav, Jasad Bhasma ***Background and Aim: -*** This study was designed to estimate the efficacy of Jasada Bhasma on Yonigata Shwetastrava. ***Methodology: -*** Study was conducted at BV Ayurved hospital in 60 cases of Shweta strava. Cases of shweta strava above the age 12 yrs, suffering from any type of gynaec, obstetrics disorder and any systemic disease were included in the study. Cases below 12 yr, suffering from malignancies were excluded from trial.

It was a single blind randomized controlled clinical trial. Cases were divided into two groups. 30 Patients in group A received Jasada Bhasma 12 mg per day in morning with water for 7 days. 30 patients in control group B received placebo gelatin capsule OD orally for 7 days. Follow up taken on 4th and 7th day. The chief assessment criterion was reduction in amount of shweta strava and gradation was recorded by score card method before and after treatment.

Results: -

80% of the patients in group A were completely relieved from symptom while 10% showed poor response and 10% showed no response.

In controlled group B only 4% of the patients responded while 96% did not respond at all.

Interpretation:-

Yonigata shwetastrava is present in many of the diseases as a symptom which could be either physiological or pathological. Jasad Bhasma has shown good result for yonigata shwetastrava but pradhan vyadhi chikista is necessary to avoid recurrence.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL MANAGEMENT OF KARNINI YONIVYAPAD BY ORAL USE OF KUKKUTANDA TWAK BHASMA YOGA AND JATYADI TAILA PICHU***
5	[ArtEqEng]	
6	[NmeScholar]	DR. B. ANUPAMA
7	[NmeGuide]	DR. V.L.N.SASTRY
8	[NmeCoGuide]	DR. B. VIJAYALAKSHMI
9	[Dept]	POST GRADUATE DEPARTMENT OF SSP - PRASUTI TANTRA & STREE ROGA
10	[Insti]	DR.B.R.K.R. GOVERNMENT AYURVEDIC MEDICAL COLLEGE, HYDERABAD, A.P.
11	[Univ]	DR N.T. R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA, AP
12	[Year]	2003
13	[EnNo]	
14	[Lang]	ENGLISH
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	30 patients of Karnini (Cervical Erosion) yoni vyapad were selected randomly in the out patient dept. of stri roga and prasuti tantra of Dr.B.R.K.R. Government Ayurvedic Medical College, Hyderabad. The symptoms of the disease are white discharge, low backache, general weakness, irritability etc. On vaginal examination it was found that the cervix of uterus is eroded. The patients were administered 3 gm TID of trail drug named Kukkutanda twak bhasma yoga, contains Kukkutanda twak bhasma, Svarnavanga and Bhumyamalaki churna orally with tandulodaka as anupana for 3 months. Yoni Prakshalana with Karanjadi Kwatha from 5th day of

menstruation followed by Yoni Pichu with Jatyadi Taila for 7 days for 3 consecutive cycles. The overall result of the study: 66.67% got Cured, 20% relieved from symptoms and 13.33% of patients have no change due various reasons. The trial drug acts as antiseptic and antibiotic with astringent property which reduces the discharge. The local application of pichu heals the erosion and acts as soothing agent. The drugs of yoniprakshalana are astringents, hence reduce white discharge and acts as antiseptic.

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***A DOUBLE BLIND STUDY OF THE EFFECT OF MANDOOKAPARNI ON THE GENERAL MENTAL ABILITY OF NORMAL CHILDREN.***
5.	[ArtEqEng]	
6.	[NmeScholar]	K. Kuppuraja, Kanchana Srinivasan and K. Janaki
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Dr. A. Lakshmipathi Unit for Research in Indian Medicine, Chennai.
11.	[Univ]	
12.	[Year]	Jour. Res. Ind. Med. Yoga & homoeo. 13 (1) 1978
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	Of the 57 children, 14 dropped out of the trial due to various reasons like transfer to another orphange and irregular intake of medicines so that only 43 (26 boys & 17 girls) childern came up for final analysis. Before proceeding to find the efficacy of the drug, the homogenity of the 2 groups was tested with the help of 't' test and the observed difference between the mean levels of the two groups at the initial examiniation was found to be statistically not significant (t=0.021 P>0.5) The mean differences in the height, weight and I. Q. scores between experimental and control groups at 6 months and 12 months were tested by means of 't' test and the observed

differences between the mean values were found to be statistically not significant (t=2.021 P>0.05)

The double blind study of Mandookaparni on the height, weight and intelligence of mentally normal children showed no effect. The probable reason for not finding an improvement is outlined.

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***THE EFFECT OF MANDOOKAPARNI (CENTELLA ASIACITA) ON THE GENERAL MENTAL ABILITY OF MENTALLY RETARDED CHILDREN***
5.	[ArtEqEng]	
6.	[NmeScholar]	Dr. M. V. R. Appo Rao, Mrs. Kanchana Srinivasan, and Mr. T. Koteswara Rao.
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Dr. A. Lakshmipathi Unit for Research in Indian Medicine, Chennai.
11.	[Univ]	
12.	[Year]	AYU, April 1976
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	The results of a double blind trial of mandookaparni: Sanskrit (Centella asiatica) indicated that there was a significant increase in the general mental ability of mentally retarded children after 3 months (difference from the controls (<P. 001) and after 6 months (difference from the controls ($P<0.01$) of drug administration. In the behavioural area, significant improvement was found in the overall general adjustment ($P<0.05$) and attention & concentration ($P<0.05$) after six months.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***THE PHYTOCHEMICAL AND PHARMACOLOGICAL BASIS OF AYURVEDIC PLANTS USED IN TREATMENT OF LEUCORRHOEA AND MENORRHAGIA***
5	[ArtEqEng]	
6	[NmeScholar]	Jayashree Joshi, Rama Vaidya, Reeta Shah and Ashok B Vaidya
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Medical Research Center, Kasturba Health Society, Sthanakwasi Jain Aradhana Dham, Vile Parle West, Mumbai-400056 (India).
11	[Univ]	
12	[Year]	The Journal of Research and education in Indian medicine.,Vol.XIV:1,Jan-March,2008,ISSN 0970-7700, pp 1- 6
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Ayurveda is one of the most ancient and scientific medicinal systems in the world. Apart from anatomy, physiology and the 8 branches, i.e. Ashtanga Ayurveda, several modes of therapy and more than 2000 medicinal plants have been described in ancient texts. Leucorrhoea and menorrhagia are two common disorders in women of reproductive age and Ayurvedic texts are replete with shlokas mentioning the use of hundreds of medicinal plants to be used for these disorders.

However it is neither feasible nor ideal to use too many plants in all subtypes of the diseases, and since these specifications are not provided in the cryptic shlokas, it has become necessary to select the plants based on their Phytochemical, Ayurvedic and Experimental Pharmacological properties. In this paper we have briefly reviewed our work and suggest standard as well as novel aspects of properties of medicinal plants which should be considered in the development of effective remedies for leucorrhoea and menorrhagia. Investigations like cervical and vaginal cytology, ultrasonography, hormone assays and microbiological techniques can help us in identifying the subsets of patients and selecting plant combinations which will be useful in individualization of therapy.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**CLINICAL EVALUATION OF MENSTRUAL PATTERNS IN DIFFERENT TYPES OF PRAKRITI**
5	[ArtEqEng]	
6	[NmeScholar]	K.Bharathi and K.Gopakumar
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	A. Lakshmipathi Research Centre for Ayurveda, V.H.S. Campus, Taramani, hennai-600113 (India), RRI(Ay.), Govt. Central Pharmacy Annexe, Ashoka Pillar, Jayanagar, Bangalore-560011 (India)
11	[Univ]	
12	[Year]	The Journal of Research and education in Indian medicine.,Vol.XIV:4,Oct-Dec,2008,ISSN 0970-7700,pp 49-56
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The concept of Prakriti is a unique contribution of Ayurvedic science. Prakriti denotes individual's natural body constitution. According to Ayurveda each individual is unique and different from one other. Assessment of prakriti is given top most priority in clinical examination of the patient i.e. Dasavidha pareeksha. During the time of intra-uterine life, due to the influence of dominant dosha of sukra, artava, ahara, vihara of garbhini and ritu, formation of prakriti is taking place. Seven types of prakriti are described in Ayurveda. Three individual viz. vata, pitta, kapha, three dvandvaja viz. vatapittaja, vatakaphaja, pittakaphaja and one sama prakriti. It is

considered that Prakriti assessment is highly essential to evaluate the metabolic imprinting, physiology, disease proneness or susceptibility to the diseases, prognosis of the disease, socio-behavioral aspects, mansika sthithi (mental status), dehabala (inherent strength), vyadhutpadaka pratibhandhakatva (immunity power), agni (metabolic fire) etc. of an individual. Present study is taken up in 100 apparently healthy female volunteers to assess the patterns of menstruation including proliferate and secretary phase changes in different prakrities based on the proforma according to the inclusion criteria after thorough clinical examination.

In this study 48 cases are vatakapha and 44 cases are vatapitta prakrities.

Duration of menstruation record from the 44 vatapitta cases ,showed that18 cases had 4-5 days and 19 with 5-6 days flow of blood. In kaphapitta constitution 08 cases had 3-4 days menstruation and in vatakapha prakriti type, out of 48 cases, 19 cases showed 3-4 days duration of menstruation.As far as bleeding pattern 31 cases of vatapitta prakriti had normal flow and the colour of menstrual bleeding is dark red 06 cases from kaphapita had heavy flow,and 37 cases of vatakapha constituency had normal menstrual bleeding and 06 cases showed with red blood colour and 42 cases were reported dark red colour in the menstruation. 33 cases of vata pitta prakriti had clots, o6 cases of kaphavata shown tissue like consistency and 23 cases from vatakapha prakriti reported clot consistency in there menstrual blood. Cascade of secretion has normal in majority (24) of vatapitta type ladies ,in kaphapitta (06) scanty and 42 cases of vatakapha prakriti were with excess secretion during ovulation. During secretary phase 23 female belong to vatapitta had severe irritation mood , 05 volunteers from kaphapitta were reported depressed mentalstatus and 33 cases of vatakapha were seen in normal mental status.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF AMALAKI GUGGULU AND TRIKSHIRI VALKALA KVATHA YONI PRAKSHALANA (VAGINAL DOUCHE) IN THE TREATMENT OF SHVETAPRADARA (LEUCORRHOEA)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Goli Penchala Prasad and Dr. G.K.Swamy
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Regional Research Institute (Ay.), IGMS Complex, Labpet, Vijayawda- 10 (A.P.)
11	[Univ]	
12	[Year]	Proceedings of Rashtriya Ayurveda vidyapeeth, National scientific seminar on Reproductive health of women through Ayurveda on 24-25,February, 2009,pp 176-85
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Abnormal vaginal discharge is a frequent complaint of women in day-to-day gynecological clinic. The disease shvetapradar (leucorrhoea) is defined as an excessive vaginal discharge. Many Ayurvedic herbal and herbomineral drugs were successfully used internally and externally to treat the disease. Present study was aimed at finding an ultimate treatment by using both external and internal medications. For this study 72 cases were studied at RRI (Ay.), Vijayawada with Amalaki Guggulu in the dose of 1 gm thrice a day internally and

Trikshiri valkal kvath in the dose of 400 ml externally as yoni prakshalan (vaginal douche). Encouraging results were observed after 8 days of treatment. Out of 72 cases, 62 (86.11%) got good response, 7 (9.72%) got fair response and 3 (4.17%) cases had no response. Parameter wise 91.27% of relief in white discharge per vagina, 81.20% in congestion of cervix, 86.96% in pruritus, 86.22% relief in low backache, 78.02% in burning micturition and 90.48% relief in controlling positivity of vaginal smear were found. Over all 88.51% relief was found in all assessing parameters. Statistical analysis of the mean difference before and after treatment in relief in all the above symptoms were found highly significant ($P<0.001$). Effect of treatment in Hb was found highly significant ($P<0.001$) and on ESR it was found significant ($P<0.01$).

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL STUDY ON SPERMATOGENIC EFFECT OF KSHIRAVIDARI (IPOMEA DIGITATA LINN) IN OLIGOZOOSPERMIA***
5	[ArtEqEng]	
6	[NmeScholar]	Girish K J, Anup B Thakar and MS Baghel
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa, Department of Panchakarma
10	[Insti]	SDM College of Ayurveda, Hassan, Karnataka-573201, IPGT &RA, Gujarat Ayurved University, Jamnagar.
11	[Univ]	
12	[Year]	The Journal of Research and education in Indian medicine., Vol.XIV:1, Jan-March, 2008, ISSN 0970-7700, pp 47-55
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In the present clinical study, total 65 patients of oligozoospermia (<40 mil/ml-three successive weekly semen analyses) were managed in two groups viz. study (Kshiravidari) group (n=35) and placebo group (n=30). In Kshiravidari group, Kshiravidari (Ipomea digirata Linn.) tuber was administered in the tablet form (each 500 mg) in a dose of 6 gm per day in divided doses, and in placebo group, Bhrista Godhuma Churna (fried wheat powder) in capsule form [4 capsules/day (each 500mg)] was administered, in both therapy with milk as Anupana. In both the groups, therapy was given for one and half month (45 days), further 45 days of follow-up. Semen examination was carried out after completion of

therapy i.e. on 45th day. During follow up period semen examination was done 15 days after completion of therapy i.e. on 60th day, and second examination was done 45 days after completion of treatment i.e. on 90th day. Clinical study has shown that Kshiravidari (Ipomea digitata Linn.) increases the sperm count (mil/ml) (mild to moderate degree) and also total sperm count (mil) in patients of oligozoospermia. This proves Vrishya property of Kshiravidari as potent spermatogenic agent. However, due to the increase in the viscosity and liquefaction time, the drug decreases the RLP (Rapid Linear Progressive) and SLP (Slow Linear Progressive) motility (%), and simultaneously increases the NP (Non-Progressive) and IMM (Immotile) motility (%) of sperm. Three patients of oligozoospermia were able to impregnate their partners within total of 60 days of duration of follow-up period, which also shows the fertility enhancing effect of Kshiravidari.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL EVALUATION OF PUSHYANUGA CHOORNA AND LODHRASAVA IN RAKTA PRADARA (DUB)***
5	[ArtEqEng]	
6	[NmeScholar]	K Prameela Devi
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda and Siddha, Janakpuri, New Delhi-110058
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 6(3), July 2007, pp. 429-431
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Rakta Pradara (uterine hemorrhage) covers all types of menorrhagia. For this study, exclusively dysfunctional uterine bleeding age ranging between 15-45 years with 6-24 months of duration of compliant were taken for the study. In the clinics around 20 to 30% cases come with the problem. In Indian System of Medicine many effective remedies are available. In the present study the Ayurvedic drugs, Pushyanuga choorna in the dose of 5 gm thrice in a day with durva swarasa & Lodhrasava in the dose of 30 ml was administered thrice a day in combination was selected for the study. Of total 46 cases studied, 12 (29.26%) cases showed good response, 16

cases (39.02%) showed fair response, 9 cases (21.95%) showed poor response and 4 cases (9.75%) did not show any response after treatment. Five (10.86%) cases were dropped out from study. The treatment was found to be highly significant (P<0.001) in reduction of uterine hemorrhage.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***EFFECT OF PUNARNAVADI MANDURA IN GARBHINI PARICHARYA (ANTENATAL CARE)***
5	[ArtEqEng]	
6	[NmeScholar]	Sarada Ota and Induben U.Mistry
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dept. of Prasutitantra
10	[Insti]	Institute of Post-Graduate Training and Research
11	[Univ]	Gujarath Ayurveda University, Jamnagar.
12	[Year]	Journal of Research in Ayurveda and Siddha (JRAS), Vol XXVII, No.1- 2, (2006) pp. 67-80.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Safe motherhood is a challenge taken by WHO (1994) and a pregnant woman needs to eat and rest more than she does when she is otherwise. WHO studies have shown that the diseases during pregnancy are the higher of all in woman during reproductive period. Ayurveda has a vast knowledge about conception formation and development of pregnancy and its complication along with a clear idea on the pathology of item. Many preparations are advised by Ayurvedic Acharyas for the maintenance of healthy pregnancy and proper growth of the foetus. In this study i.e. Punarnavadi Mandura is chosen to establish its efficacy in antenatal care. It is an open clinical trial. The drug Punarnava Mandura was administered in the dose of 500 mg twice a day with milk for two months. The result shows that it is a very good drug for the management of

pregnancy mainly for the supplementation of iron and to prevent the common complaints during pregnancy like- panduta Agnimandya, jeerna, Udarashola, Krimi and Shotha. The drug has shown good effect on haemoglobin percentage. There was 0.29% increase after 4 weeks of therapy and 0.69% increase after 8 weeks of therapy.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL STUDY ON ROLE OF AMALAKI GUTIKA (EMBLICA OFFICINALIS) IN UPPER GIT DISORDERS DURING PREGNANCY W.S.R. TO GARBHAJ CHHARDI (MORNING SICKNESS)***
5	[ArtEqEng]	
6	[NmeScholar]	Soni Kapil, Seema Shukla and Eena Sharma
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	
12	[Year]	The Journal of Research and education in Indian medicine, Vol.XIV:1, Jan-March, 2008, ISSN 0970-7700,pp 41-45
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Antiemetics like Promethazine, Prochloroperazine, Chlorpromazine, Triflupromazine etc. and GIT movement regulators like Metoclopramide are commonly used in management of GIT related minor ailments of first trimester like nausea, vomiting etc. collectively called morning sickness. But availability of these drugs to rural mothers is poor. Even in urban areas where conventional therapy is available there is reluctance to take these due to their very chemical nature. To find effective non-toxic and easily available remedy, we tried a folklore drug combination based on Emblica officinalis pulp base named Amalaki gutika in pregnant mothers with different GIT related ailments and compared the results with

standard regimen of Doxylamine succinate and Pyridoxine hydrochloride combination most widely used for morning sickness. This is a clinical trial report of comparative study of Amalaki gutika in the dose of 500 mg in 3 divided doses and Doxylamine succinate 10 mg and Pyridoxine hydrochloride 10 mg in pregnancy related morning sickness. After a trial period of 45 days when overall results were evaluated on the basis of symptomatic improvement and found equally effective.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***VAGINAL DOUCHING WITH KARANJAKVATHA IN NON SPECIFIC LEUCORRHOEA- A CLINICAL EVALUATION***
5	[ArtEqEng]	
6	[NmeScholar]	K Bharathi and K Gopakumar
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dpt. of Prasutitantra
10	[Insti]	SDM college of Ayurveda, Hassan, Karnataka
11	[Univ]	
12	[Year]	Aryavaidyan Vol. XX., no. 3, Feb- Apr 2007, pages 167-172
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Leucorrhoea is one of the commonest problems of women. Women suffer from leucorrhoea at least once in a while during their lifetime. Recurrence also is a common phenomenon and it occurs in unhygienic conditions, but can also occur after some surgical procedures and at the time of delivery. This condition is described in Ayurvedic classics by the term svetapradara as a symptom in various vaginal related diseases (yonivyapat). Though there are different modes of treatment, for yonivyapat, the significant one is local therapy. Hence this study was conducted to find out some suitable drug for this procedure, and Karanja (Pongamia pinnata) was selected and the study was carried out in 36 cases. On statistical analysis this therapy is found highly significant ($P<0.001$).

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF SELECTED CLASSICAL AYURVEDIC FORMULATIONS IN MENORRHAGIA (ASRIGDARA): A CLINICAL OBSERVATION***
5	[ArtEqEng]	
6	[NmeScholar]	K.Sandya Rani and V.L.N.Sastry
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dept. of Prasutitantra
10	[Insti]	Dr.BRKR Govt. Ayurvedic college, Hyderabad.
11	[Univ]	NTR University of Health Sciences.
12	[Year]	Journal of Research in Ayurveda and Siddha (JRAS), Vol XXVIII, No.3, July-Sept'07, pp. 1-12
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A clinical study of 30 cases of Menorrhagia (Asrigdara) was conducted to observe the role of Amshumatyadi yoga an internal medication with and without Vaginal douche (Nyagrodhadi Kwatha). Amshumatyadi yoga was administered orally in a dose of 5 gm B.D. for three cycles in group A and Amshumatyadi yoga was administered orally in a dose of 5 gm B.D. for three cycles along with Vaginal douche of Nyagrodhadi Kwatha for five days after the cessation of the bleeding in group B. The study showed encouraging response in terms of clinical improvement/control of uterine bleeding in both the groups and revealed that the scheduled therapy has significant role in controlling the abnormal uterine bleeding besides symptomatic relief.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*EFFECT OF GHRITA KUMARI IN ALPARTAVA*
5	[ArtEqEng]	
6	[NmeScholar]	K.Bharathi and P.V. Tewari
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dept. of Prasutitantra &Streeroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Benaras Hindu University.
12	[Year]	J.R.A.S. Vol. XXIII, No. 3-4, (2002), pp. 68-75
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Alparatava is a common clinco-pathological entity encouraged by gynecologists especially along with infertility (hypo-ovarian functions cases. As Alparatava is a cardinal symptom of Vataja Artava Dusti, indicates the main Dosha here is Vata. In allopathy it is correlated with scanty menstruation and can be seen in two conditions i.e. hypomenorrhoea and oligomenorrhoea. The drug Ghrita kumari is having the capacity to normalize Vata and also having specific Prabhava to increase the amount of Artava, so it has been selected a drug of choice. In the present work 40 cases studied to evaluate the efficacy of Ghrita kumari as a single drug. 16(40.00%) cases completely cured and 14 (35.00%) cases showed improvement. 10(25.00%) cases got relieved from Alparatava 0(00.00%) of cases reported under no change category.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY ON TRINAPANCHMOOL IN THE TREATMENT OF URINARY TRACT INFECTION***
5	[ArtEqEng]	
6	[NmeScholar]	S.N.Pathak, Mrs. H.Kaur and Mrs. Mridula
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XV No. 3-4, pp. 129-139
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Trinapanchmula containing of Kusa (Desmostachya bipinnata (Stapf). Kasu (Saccharum spontaneum Linn.) Darbha (Imperata cylinderica Beauv), Iksu (Saccharum officinarum Linn). and Nala (Arundo karka of Graminae family have taken for study. The roots of all the plants in equal quantity after washing were powdered and used in the form of decoction and Ghanasatwa with various Anupanas in 315 cases of both sexes. Five groups of patients with five types of drugs combinations were studies. It was observed that the drug is helpful in abolishing the symptoms of U.T.I. i.e. burning in urine frequency, pain in parineal region, fever and dribbling to a great extent. Majority of cases (65.7%) were found in symptomatic relieve group (Aansikalabha), not responded (Alabh) were 22.25% and cured (Swasthalabh) were 11.42% only. The various data of observation and results has been shown in tables and discussed.

4.16. SKIN AND SOFT TISSUE DISORDERS

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	14
4	[ArtTitle]	***MANAGEMENT OF MARMABHIGHATA WITH SPECIAL REFERENCE TO SOFT TISSUE INJURY***
5	[ArtEqEng]	
6	[NmeScholar]	Hanumant M. Nagawade
7	[NmeGuide]	Dr. V.S. Patil
8	[NmeCoGuide]	Dr. C. Srinivasulu
9	[Dept]	Department of Shalya-Shalakya & Prasuti-Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Present clinical study was titled as Management of Marmabhighata with special reference to soft tissue injury. In vedic, epic, Ayurvedic and contemporary literature the word Marma is being used to denote vital or mortal points in body. Marmas are reservoir of Prana and they are seat for Tridosha, Mahaguna and Bhutatma, where Marma Sira, Snayu, Asthi and Sandhi conglomerates by which they becomes vital or mortal points. In Ayurvedic treaties, particularly in Shalyatantra much importance has been given to Marma, where knowledge of Marma is considered as half knowledge of surgery.

Knowledge of Marma was primarily associated with warfares and martial art.

Marmas mentioned in contemporary literature are, Susruta's school – 107, Agasthyar's School -108, Parashurama's School – 64. In Susruta Samhita according to structural predominance and prognosis Marmas are divided in 5 groups.

In Agastyar's School according to prognosis Marmas are told of 2 types viz. Padumarmas (Instantly fatal) and Thodu marmas (delayed fatality).

In Parashurama's School marmas are of three types, viz. Kulamarma (offensive) Abhyas marmas (hold and trick) kochu marma (defensive) systemic classification of marma is given only in susruta samhita, in other contemporary literature no systemic classification is given.

Symptomatology and management found in more detailed in other contemporary literature than Ayurvedic treaties.

Present clinical study was confined to Sandhi and Snayumarmabhighata of extremities only.

In present clinical study, pain, swelling, local warmthness, reddish discoloration and loss of function were found predominantly in Sandhi and Snayumarmabhighata. These features are due to vitiated Pitta and Rakta.

Marmagutika lepa was selected as a trial medicine. Main properties of ingredients of Marmagutika are Rakta Pitta shamaka, Shothahara, Vedaṇa Stapana. Kunaka lepa was selected as control medicine for comparative study. Main properties of ingredients from Kanaka lepa are Shothahara and Vedanasthapana. Lakshadi guggulu was given to patients from both the control and trial group. Its main action is Raktapittashamak Shothahara, Vedanasthapana and Sandhaniya.

Out of total 36 registered cases in present study 18 each were studied under control and trial group. Initial course of treatment was planned for 10-15 days. Patients ranging from 5-61 years age inclusive of both sexes were studied in present study.

High incidence of Marmabhighata was observed in males from active age group (i.e.16-0) cases of Gulpha and Janumarmabhighata were found more in present series.

Subjective parameters studied were pain and tenderness. While objective parameters studied were, swelling, range of painless movement, local warmthness etc. Cases were assessed daily and follow up was done up to 2-3 months.

Complete relief of symptoms was achieved much earlier in patient treated with combine therapy of marmagutika and lakshadi guggulu, than combine therapy of kanaka Lepa and Lakshadi Guggulu.

Complete relief from symptoms was achieved in 9-17 days in patients treated with combine therapy of Marmagutika and Lakshadi Guggulu. Whereas patients treated with Kanaka Lepa and Lakshadi Guggulu took 15-27 days for relief.

Some cases from control group did not shows satisfactory response to therapy.

No recurrence of symptoms was reported during period of follow up, in patients treated with trial medicine. Whereas in few cases treated with control medicine recurrence of symptoms was reported.

Thus is can be concluded that the combine action of Marmagutika lepa and lakshadi guggulu internally is far better than action of kanakalepa and lakshadi guggulu in all aspects. Further more it is safe, effective and economical remedy in existing management of Sandhi and snayumarmabhighata, where in soft tissues also are involved.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	26B
4	[ArtTitle]	***SHEETAPITTA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. H.V. Chandrika
7	[NmeGuide]	Dr. K. Krishnamurthy
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	This dissertation work consists of 2 parts. The first part deals with nirukti, paribasha, nidana samprapti, poorvaroopa, roopa, upashaya, sapeksha nidana and sadhyasadhyata. The second part deals with methodology of examination, general line of treatment mentioned in classics, discussion and conclusion. In the present study 30 patients were selected. This has been divided into 3 groups. The 1st group of 10 patients was treated with Bahya lepa i.e., Doorvadi lepa only. The IInd group of 10 patients were given only Sheetapitta bhanjana rasa internally and the IIIrd group of 10 patients were treated by both bahya and abhyantara chikitsa for 15 days. Sheetapitta bhanjana rasa was given in a dose of 250 mg. twice a day with Guda as anupana.

In total 53.3% of patients were completely cured, 66.6% patients showed improvement and 20% of patients showed no response. The IIIrd group of patients showed good results.

This work was concluded by saying that, though Sheetapitta is recurrent type of disease it can be controlled and cured by administering Sheetapitta bhanjana rasa and Durvalepa.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	16B
4	[ArtTitle]	***SHOTHA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K. Savithri
7	[NmeGuide]	Dr. C.P. Chapannamath
8	[NmeCoGuide]	Dr. N.K. Pattanashetty
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The Ayurvedic system of medicine is an ocean of knowledge which may be very beneficial to the humanity. But it is the vital to reassess the medicine. So that it may be used more judicially and usefully with this prospective the present work has been taken up. Among the number of health problems. Shotha is one which requires more attention even in the modern era of development of sciences. 25 patients were selected for the clinical trial all the 25 patients has Mukhashotha and Padashotha commonly. The diagnosis was made on the basis of symptomatology. Lab investigations were done before and after treatment. Sothari loha was administered to the patients after meals. Dosage was approximately 1.5 mg per day. Triphala quatha was used as anupana, for external application Vibhitaki phalamajjachurna was used.

Shotha subsided after 15 days in 19 cases and took more time in 4 cases average time taken to cure Shotha is about 32 days 21 patients got complete relief, 2 patients got marked improvement, no improvement was observed in patients. It can be concluded that the effect of Shothari loha in Shotha is quite encouraging.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1308
4	[ArtTitle]	***EFFECT OF INDIGENOUS DURGS ON CHYLURIA***
5	[ArtEqEng]	
6	[NmeScholar]	B.Singh
7	[NmeGuide]	J.K.Ojha, K.K.Tripathi
8	[NmeCoGuide]	R.K. Tiwari
9	[Dept]	Department of Drayvaguna
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Drayvaguna
17	[AnyOther]	
18	[Abst]	The research work is the evaluation of two indigenous plants, Streblus asper (Shakhotaka) and Rubia cordifolia (Manjistha) in combined and single drug trial over 32 Chyluria patients. Out of which, 68.75% of the cases present with Chyluria and 31.25% of the cases presented with hematochyluria. Out of total 32 patients, 20 were kept on single drug where as 12 were prescribed a combination of Shakhotaka and Manjistha for a period of 3 weeks. The drug was dispensed in the dose of 50 mg/k body wt. in the form of pills. Each pill was shaped as to contain dry wt. of 350-360 mg. thus each patient received 4 to 6 pills per day. Some patients were taken as control prior to therapy. Hb% was improved up to 1.01 gm% against a control of 12.17 gm% by a single drug therapy (Shakhotaka) whereas it was improved up to 13.62 gm% against a control of 12.40 gm% by combined therapy. Serum protein was improved from 4.60 to 5.78 gm% by single drug and from

4.58 to 5.94 gm% by combined drug therapy. Serum cholesterol value by single drug therapy and combined therapy was observed to be highly significant (P<0.001). There was appreciable reduction in lipiduria by single drug therapy while by combined drug therapy significant change was observed only in triglyceride value but not in phospholipids value.

1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	71
4	[ArtTitle]	***A STUDY ON THE CONCEPT OF THE VICHARCHIKA VIS-A –VIS – ECZEMA AND ITS TREATMENT WITH RASAMANIKYA AND SHISHUTAILA***
5	[ArtEqEng]	
6	[NmeScholar]	Gouranga Sahoo
7	[NmeGuide]	M.D.Verma
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1984
13	[EnNo]	8755/71
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The disease Vicharchika on the basis of its clinical picture as described in Ayurveda may be identified as Eczema of modern medicine. In the field of modern dermatology with advancement and accumulation of knowledge about the various skin disorders, eczema too has been elaborately described giving detailed classification of the disease comprising of 14 types of eczema under three general heads: i) Eczema of early life. ii) Eczema of late life. iii) Special types of eczemas including various types of dermatitis and pomphylix.

Description of the disease in Ayurveda is however limited. Not being taken as a separate or independent disease it has been concisely described as one of the 11 types of Kshudra or minor Kushtha rogas. Kushtha has been taken as skin disorder; out of which the 7 major types may be identified as the different forms of leprosy and the other 11 as minor skin diseases including eczema and scabies. According to Charaka, Vagbhata, Bhava Mishra and Sharangdhara there is predominance of Kapha dosha in this disease whereas, Sushruta has mentioned the predominance of Pitta dosha.

Though this disease is not fatal, it makes the life of the patient miserable. In spite of so much advancement in the field of modern dermatology and specific action of corticosteroids over this disease, its continued use being harmful to the body. There is need of efficacious but safe drugs for its management.

In view of the above, an attempt has been made to screen the effect of two Ayurvedic formulations (i) oral medication with Rasa Manikya and (ii) external application of Shishu Taila in this disease. The salient features of the clinical observations regarding the epidemiological and therapeutic aspects with the aforesaid Ayurvedic management in Vicharchika are as follows:

In all well diagnosed patients based on Ayurvedic diagnosis of Vicharchika were selected for the present clinical trial. Out of these 58 patients remained under clinical observation till the end of the study and therefore an account of therapeutic response in respect of these 58 patients only has been given on the concepts of modern dermatology as follows:

Specific diagnosis	**No. of. Patients**
1. Atopic eczema of early life	3
2. Seborrboeic eczema of early life	4
3. Contact eczema of early life	2
4. Atopic eczema of late life	12
5. Seborrhoeic eczema of late life	23
6. Contact eczema of late life	6

7. (a) Primary irritant contact dermatitis	
(b) Allergic contact dermatitis	
8. Special types of eczema	15
(a) Stasis eczema	2
(b) Num lax or discoid eczema	5
(c) Neurodermatitis	2
(d) Pompholyx	6
(i) Eczema vesiculation (Hutchinson's type)	0
(ii) Sweet retention vesicle (Pillbury Fox type)	0
(e) Eczema Vaccination	0
Total:	**65**

As regards to the socioeconomic and epidemiological aspects of study about the patients, there was much greater predominance of male patients between the age group of 20 to 39 years coming from the urban area of Anupa desha (moist region) and belonging to the lower middle class. No specific relation with the disease with occupation was observed. A majority of the patients were non vegetarians.

As regards psychosomatic personality, the majority belonged to the Vata kaphaja constitution. The main associated disease was helminthic manifestation. Nearly equal number of patients with both acute and chronic manifestations was advertently selected.

58 patients were treated and followed up till the end of the clinical trial of 3 months. These patients were divided in 4 groups according to the nature of treatment as follows:

1. Treatment with both oral medication of Rasa manikya and external application of Shishu taila.
2. Treated with Rasa manikya alone.
3. Treated with Shishu taila alone.

4. Placebo group receiving in the name of medicine Gelatine capsules filled with no medicinal value in these cases. This group was kept for the sake of comparison.

No specific laboratory tests were employed. Routine blood, stool and urine tests were performed prior to commencement of therapy which indicated that a majority of the patients showed increased number in eosinophil count indicating an active allergic phenomenon. A greater number of patients showed evidence of round worm infestation for which they were specifically treated. These investigations were carried out at monthly intervals till the end of the therapy after 3 months. This showed that oral medication with Rasa manikya was able to normalize the eosinophil count in most of the patients (not necessarily due to helminthiasis).

The therapy as described earlier for each group was continued regularly for 3 months observing the pathya of Ahara and Vihara. Monthly check up of the patients was carefully done and any amelioration or aggravation in the symptoms and signs carefully recorded. The final assessment was done at the end of the study in respect of each symptom and sign.

Out of the 3 types of treatment given to the patients maximum effect was observed by a combination of oral medication with Rasa manikya and local application of Shishu taila which showed excellent (75% or more) relief in 57% of the patients. Oral medication with Rasa manikya alone is also effective which showed excellent relief in 36% of the patients. External application of Shishu taila also has some effect as 12% of the patients could get excellent relief with it. Statistical analysis of the data showed the significance of the relief in comparison to the placebo group.

It is note-worthy that the same Ayurvedic treatment irrespective of varying diagnosis brought relief as mentioned above.

This pilot study showed the efficacy of Rasa Manikya and Shishu Taila in Eczema. In this way, use of Rasa manikya and Shishu taila on the basis of this study may now be recommended in cases of all types of eczema. Owing to limited period of study, further follow up studies could not be carried out in respect of effect of change of season, different types of food, etc.

It would be worthwhile to conduct a thorough and prolonged study in different types of eczema individually to assess its effect in bringing total and permanent relief, the recurrence rate and the mode of action of the medicaments.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	56
4	[ArtTitle]	***TVACHA SHARIRA KE PARIPREKSHYA ME VICHARCHIKA VYADHI KA SAIDDHANTIK ADHYAYAN***
5	[ArtEqEng]	The conceptual study of vicharchika with special reference to tvacha sharira
6	[NmeScholar]	Aparna A Patil
7	[NmeGuide]	N.R. Sabu
8	[NmeCoGuide]	
9	[Dept]	Department of Sanskrita- Samhita-Siddhanta
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1998
13	[EnNo]	29
14	[Lang]	Sanskrit
15	[Study]	
16	[SubStudy]	Sanskrita- Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	The signs and symptoms of Vicharchika can be correlated to Eczema. It is vata kapha pradhana disease. In this study 30 patients of vicharchika are subjected for external application (lepa) of Haratala mishrana which showed significant effect.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	38
4	[ArtTitle]	***ARDHA SAMA VA DVIGUNA GANDHAKA YUKT KAJJALI VA NAVANITA MISHRIT MALAHARACHA VICHARCHIKA KUSHTHAVAR TULANATMAKA ABHYASA***
5	[ArtEqEng]	Comparative study of malahara prepared with half, equal and double parts of Gandhaka in Kajjali along with Navanita on Vicharchika Kushtha
6	[NmeScholar]	Pragnya Shrikant Svan
7	[NmeGuide]	P.D.Malunjakar
8	[NmeCoGuide]	
9	[Dept]	Rasashastra Bhaishyajya Kalpana
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1993
13	[EnNo]	G.A.C.N./28/90
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Rasashastra Bhaishyajya Kalpana
17	[AnyOther]	
18	[Abst]	Total three Malahara were prepared using navanita and Kajjali of three types (half, equal and double parts of gandhaka). Reference of external usage of mere Kajjali is not found in brihat trayi and other texts except Rasa-tarangini. The clinical trial was conducted in three groups of vicharchika kushtha using the three types of Kajjali. The efficacy in all the three groups was highly significant. But it is having good effect on kandu, srava, pitika, daha, rukshata and shula. 1-2 patients couldn't get result despite of regular usage due to rainy season. Vaivarnya (skin dis-coloration) couldn't subside in one month which needed two months to resolve totally. In few patients

the Kajjali was given internally too after one month of completion which accelerated the rate of healing and also prevented recurrence. Patients of group three who were given Kajjali of dviguna gandhaka showed highly significant results. In all the sixty patients no adverse or toxic effects were observed.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	62B
4	[ArtTitle]	***VICHARCHIKA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. T.S. Bharadwajan.
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The dissertation is divided into 2 parts. Part I containing 5 chapters Historical review, definitions, Nidana, Samprapti poorvarupa, sapeksha nidana, sadhya sadhyata Upadrava. Part II has 4 chapters dealing with Chikitsa, Materials and Methods, discussion and conclusion. A total of 35 patients were selected and divided into 2 groups. Group A had 20 patients and Group B had 15 patients. Group A was given only Samanoushadhi that is Rasamanikya for a period of 45 days. The dosage was fixed according to the age of the patients. Group B was given Shodhana treatment that is amapachana with Trikatu and Vidangachoorna snehana by Guggulu tiktaha grita, abyanga by Brihat marichadhi taila, swedana by Nimbapatra sachita taila jauga bashpa sweda, vamana by Madana pippali churnam, virechana by Trivrit lehayam,& Irchabedhi pills Comparing both the groups the

percentage of cured is not great but the improvement is significantly great is group B. similarly there is sizable number of moderately improved cases is group A considering not improved is group A (45%), it can be said classical line of treatment even then Rasamanikya alone as a single during is quite capable to provide relief.

It has been observed during the study the cases respond quickly to the classical line of treatment than to the Rasamanikya. The patient prefer to have a simple remedy and thy tend to take Rasamanikya or a similar remedy as on alternative.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	81B
4	[ArtTitle]	***THE EFFECT OF VAMANA AND VIRECHANA ON PSORIASIS – A CLINICAL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Rekha Narasimhan.
7	[NmeGuide]	Dr. Lakshminarasimha Shastry
8	[NmeCoGuide]	Dr. Aruna
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1996
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The aim of this study was to see whether shodhana has any benefits as comparable with shamana drugs and internal application and also to see whether vamaan has any effect on the recovery rate compared to virechana. In this study 30 patients were incidentally selected. The selected patients were assigned into 3 groups of 10 in each group. Group A received shamanaoushadhis. Group B were administered with virechana & shamanoushadhis and group C underwent vamana, virechana procedures along with shamanoushadhis. For amapachana, jeerakadi churna in a dose of 3.5 gms three times a day was given until nirama lakshanas appeared. After amapachana shamanoushadhis i.e., arogyavardhini vati 500mg and aragwadhadi kashayam 30ml BD was administered.

For snehapana Guggulu tiktaka gritha was administered starting with a dose of 20ml and continued until samyak snigdha laxanas where noticed. Abhyanga with kutaja taila & Bashpa sweda was given for virechana trivruth lehya was given. & for vamana patients madanadi yoga was administered.

After the shuddhi shamanaoushadhis were given. The total duration of treatment was 3 months. A favorable response was obtained in all the groups which received sanshodhana and shamana therapies. But the efficacy of samshodhana combined with shamana therapy proved superior in providing the response. Incorporating vamana in the shodhana therapy had a very minimal advantage. The response was faster in the group which consisted of virechana and shamanoushadhis, due to its short duration of treatment.

1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	17
4	[ArtTitle]	***A CLINICAL STUDY ON THE THERAPEUTIC EFFECT OF “TUTTHYADI LEPA’ ON SWITRA (VITILIGO)***
5	[ArtEqEng]	
6	[NmeScholar]	S. Barman
7	[NmeGuide]	Dr. N. Panda
8	[NmeCoGuide]	Dr. S. Mahapatra
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1994
13	[EnNo]	54505/93
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In this study, efficacy of ‘Tutthyadi Lepa’ was evaluated all types of Switra (vitiligo) cases.

This disease affects about 0.14% to 3% total population and the incidence is more higher among Indians i.e. 4% while in Switzerland it is of 0.39%, 0.2% in London and 1.6% in Japan. The description of Switra is available from Vedic period. The Atharva Veda has described Switra in the name of Kilasa and Palitham.

The etiology of the disease is not definite. It has been discussed under Kustha roga. Various etiological factors responsible for Kustha roga may also be attributed to Switra.

Although Switra has been described under the Kustha roga, it can be differentiated from Kustha on the basis of involvement of dosa and dushya and by other sign and symptoms.

Lots of Herbal/ Mineral/ Herbo mineral compounds are mentioned for the local application along with Sodhana and Samana chikitsa. According to Sushruta, vitiated Vata, Pitta and Kapha should be managed with ghrita, Rakta mokshana and Vamana proceeded by Virechana. Whereas Bhela has indicated Virechana and blood letting in each case.

In Modern review, the anatomy, embryology, physiology of the skin pigmentation, cause of vitiligo biosynthesis of melanin, biology of melanin formation, disorder of melanocytes system are described.

In drug review, the drugs chosen for the research work are mentioned. The rationality behind selection of these drugs is quoted. The Tutthyadi lepa is a Herbo mineral compound having mainly seven ingredients. These are Tutthaya, Haritala, Kaseesa, Bakuchi, Kakodumbara, Rakta chitraka and Rakta chandana.

The different aspects of disease Switra (Vitiligo) is described precisely in the clinical study. The study revealed the following findings

1. Majority of the patients suffering from the disease were non-vegetarians.
2. Usually extensor surface of the skin of leg, face and hands are first affected.
3. Majority cases were with multiple patches with progressive in nature.
4. The highest duration of the illness was 1-2 years. As the disease becomes chronic and patients become frustrated.
5. In some rare cases there was family history of the disease.
6. In maximum cases, patches were milky white in colour.

The present work comprises clinical study on 30 cases, who were selected from O.P.D of the G.A.M., Puri. They were divided into two groups; the first being 15 patients were treated locally with trial drug "Tutthyadi Lepa" and the 2nd group treated with trial drug Tutthyadi Lepa followed by morning sun-ray exposure.

It was observed that B group is having better results than the A-group. Though it is quite encouraging, still the short duration and the fear of relapse restrict as to come to the conclusion. But certainly "Tutthyadi Lepa" would be a better regime for the vitiligo patients.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	29B
4	[ArtTitle]	***STUDY OF PAMA AND ITS CHIKITSA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. V.K. Sridhar Holla
7	[NmeGuide]	Dr. K. Krishnamurthy
8	[NmeCoGuide]	Dr. S. Sudharani
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The disease Pama usually effects the people in the lower income group. This disease in characterized by itching without time relation creating an embarrassing seems in social circles. Hence the disease Pama was selected in particular. The present work specially deals with the clinical study of Pama and its management by the use of Shuddha Gandhaka internally and Jeerakadi taila for external application. 40 patients selected for the study were divided into three groups. First group consist of 29 patients and second and third group consist of 10 patients each. Group –I was administered with Shuddha Guggulu 500mg. BD for twenty days with milk. Group – II received Jeerakadi taila for external application for twenty days.

Group – III received both Suddha gandhaka internally and Jeerakadi taila for external application.

Among the three groups, group – III which received both internal and external medicine should better results with 50% cure, 40% improved and 10% moderate.

The cleanliness and isolation of the patients also played are important role during the treatment.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	61B
4	[ArtTitle]	***STUDY AND MANAGEMENT OF YAVANA PIDEKA (ACNE VULGARIS)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. P. Chandrasekar Reddy
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr. P. Latha, Dr. Abdul Rehaman
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The dissertation is divided into two parts. Part – I, Includes historical review. Definition, derivation synonyms. Shareera vivechana of twacha, Nidana, Samprapti, Poorvaroopa, Roopa, Sapeksha nidana, Upadrava, Sadhya Sadhyata, Chikitsa Vivechana and Pathya Pathya. Part –II, Includes materials and methods, case-study, discussion and conclusion. The selected patients were made into two groups. In Group A 24 patients selected were given only Mukhalepa. In group B 30 patients were given Mukha lepa along with internal medication. 54 patients diagnosed as yuvana pidaka were selected for the purpose of study on random basis irrespective of age, sex, occupation.

Mukha lepa is prepared by mixing of Lodhra powder, Vachapowder and Dhanyaka powder in equal quantities by weight with milk as base for the paste. Patients were advised to apply paste with the thickness of not less than ardhanguli pramana up to 1 anguli (inch) pramana. The minimum number of applications of lepa per day advised were 2-4 times. The duration of the treatment varied from 3-5 months. But the results were assessed after 3 months.

Internal medication included Vidanga as krimihara, Shatavari to regularize the hormonal imbalance and Manjista to purify the blood

Results were assessed in terms of cured, and not improved.

The maximum incidence was found in the age group of 21-25 yrs. Having vegetarian and non vegetarian food habits.

In Group A 24 cured 4, improved 14, not improved 5.

In Group B 30 Cured and improved 13, not improved 4.

It was observed that an external application (facial) is effective only in the early stages. Mukha lepa combined with internal medication provides greater cure and appreciable improvement with duration of illness more than 1 year and less than 3 years.

It was concluded that Mukha lepa is less effective in comparison to internal medications coupled with Mukha lepa.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	57B
4	[ArtTitle]	***STUDY AND MANAGEMENT OF EKAKUSTA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. D. Prabhakar Reddy
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr. Ashok D. Satpute
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Kusta is a disorder which creates socio economic problems the classics have enumerated many varieties, which are contagious and some are non contagious. The present study is concentrated on a particular topic homely 'Ekakustha' – The present work consists of two parts. The first part deals with theoretical aspects including historical review, definition, derivation, Shareera vivechana Paryaya bhadas, Nidana panchaka and management. The second part consists of clinical study, discussion for the purpose of clinical trial 46 patients from OPD and 25 patients from IPD were selected. In group A – 20 patients were taken Amapachana by Trikatu and Vidanga churna 5 gram was given. Then Arogyavardinivati 1 TID with hot water before food, Gandhaka rasayana 1 TID with milk after food, 30ml of

Khadirarishta thrice daily was administered.

In Group B- 18 patients were taken. The above said amapachana therapy was given. Arohana snehapana is done by Panchatikta guggulugritha, Sarvanga abhyanya by Brihat marichyadi taila and swedana was done. Virechana was given.

In group C -10 patients were taken. Group A therapy was followed in these cases. Jalaukavacharana was performed for 7 days during shamana therapy.

In group D - 6 patients were taken, were treated with amapachana, snehapana, abhyanga swedana, swedana, vamana.

The treatment coupled with shodhana gives maximum benefit, on the other hand were shamanoushadhi does not provide greater benefit and also it is temporary. It is also noticed virechana had an upper hand in providing relief.

Group – C 10 patients were taken Jalokaracharana was proformed for 7 days.

Group – D 6 patients were taken, amapachana, snehapana, abhyaga, swedana, vamana and virechana were performed then shamanashadi given.

Group E- 6 patients were selected for amapechana, snehapana, abhyanga swedana, vamana was performed then shamanoushadi were advised.

Result: Kandu reduced for 88.33% treatment combined with shodhana given maximum benefit, mere shamana does not provide greater benefit, virechana has upper hand in providing relief.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	12B
4	[ArtTitle]	***SHWITRA ROGA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. H. Sheelaratna
7	[NmeGuide]	Dr. C.P. Chappannamath
8	[NmeCoGuide]	Dr. N.K. Pattanashetty
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	20 patients were selected for the study. 10 cases were treated by both Abhyantantara and Bahya chikitsa, and other 10 cases were treated with only Bahyalepa. The cases for Bahya and Abhvantara chikitsa were selected according to the vastness of the size and duration of the small patches were selected for Bahyachikitsa. The duration of the treatment both the groups was 60 days. Then the remits were assessed. Abhyantara chikitsa, Avalgujabeejadi churna lepa given good results in 60 days course of treatment. The resultant report with the drugs tried showed 30% of improvement 40% of slight improvement and 15% of cases showed no improvement.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	34
4	[ArtTitle]	***ROLE OF SOME AYURVEDIC COMPOUND IN MANAGEMENT OF LEPROMATOUS LEPROSY***
5	[ArtEqEng]	
6	[NmeScholar]	Awadhwal, Vipin Kumar
7	[NmeGuide]	Diwakar Ojha
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In Ayurvedic the term ‘Kushtha’ vastly explain all the skin disorders (including were leprosy. In the present study two clinical trials done with two Ayurvedic drugs. First trial was with ‘Arogyavardhani vati’ (Ras Ratna samucachya) and second was with Kaishore guggulu’ (Bhaisajya Ratnawali) as a single drug is combined therapy group diaminodiphenyl sulphone (Dapsone) was given to lepromatous leprosy patients in standard doses. Clinical changes haematological changes and bacterial status was recorded. The method of Dharmendra was used for calculating bacterial index. Smears were also taken before and after therapy. 30 patients were included in each trial. The patients on Dapsone alone showed good clinical progress but the

combined therapy showed still better clinical improvement. The Ayurvedic drugs alone could not showed improvement in bacterial status. There was no fall or rise in haemoglobin concentrations of the patients in combined therapy groups.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	80B
4	[ArtTitle]	***MANAGEMENT OF VICHARCHIKA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.Murthy
7	[NmeGuide]	Dr.L.N.Shastry
8	[NmeCoGuide]	Dr. P.LATHA
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1996
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	This work is undertaken to assess the specific treatment for vicharchika as enumerated in classics was effective or not. An attempt is being made in this clinical study to evaluate the effectiveness of combined therapy and to evaluate whether vamana was effective or virechana in the treatment of vicharchika. For this study 40 patients were incidentally selected irrespective of age, sex, occupation, religion and duration of illness after fulfilling the diagnostic parameters. 20 patients were considered under group A out of 20 patients, 10 patients were selected for Vamana karma and 10 patients for Virechana. Trikatu churna 5 grms with hot water before food was given for deepana pachana. The patients were administered

Mahatiktaka gritha for snehapana starting with 30ml until samyak snigdha lakhanas were found. Sarvanga abhyanga with Brihanmarichadi taila is done for one day for vamana and for 3 days for virechana. Mrudu bashpa sweda was given.

For vamana Madanaphala yoga & for virechana Trivruthlehya was given. After this shodhana, shamana oushadhis were administered.

Group B of 20 patients were administered on A.V. tabs 2 tabs thrice a day & Brihatmarichadi taila for external application.

In assessing the treatment, 6 patients were relieved of signs symptoms after the combined therapy of virechana & shamana. No patients were totally relieved of signs & symptoms with the combined therapy of vamana and shamana.

It was concluded that virechana holds an upper hand on vamana, virechana with shamana plays a better role in the management of vicharchika. Vamana with shamana does not give encouraging results. Only shamana chikitsa does not go a long way in the management of vicharchika. It was observed that external application are also essential. Therefore a comprehensive line of treatment consisting of shodhana, shamana & lepa may prove an ideal & an effective treatment.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	64
4	[ArtTitle]	***ADMINISTRATION OF MAHATIKTHAKA GHRITA WITH SPECIAL REFERENCE TO TVAK (SKIN DISEASES)***
5	[ArtEqEng]	
6	[NmeScholar]	K.T. George
7	[NmeGuide]	Dr. Damodar Joshi
8	[NmeCoGuide]	
9	[Dept]	Department of Pharmacy
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In olden days physicians prepared Medicine to treat their patients. Later on this was taken over by individuals and resulted in preparation of substandard Medicines. This created many problems. Hence it was necessitated to standardise the preparations. The name and drug varied in different parts. Due to the recent development in pharmaceutical technology the standardisation of Ayurvedic drugs-preparations became easy. Mahatikthaka ghruta is very useful drug combination in skin diseases. Two types of preparations were used for trial. One prepared through kashaya kalka Paka method and other with kalkapaka method. Addition of Dhatri svarasa is also a notable point. The ghruta was prepared as described in classical text books. 30 cases were selected for the study. This was divided into two equal groups. Ghruta was

administered 15 ml. twice daily for 15 days in selected cases of Twak rogas. The patients were kept under observation for another 15 days. Significant change was noted in the sign and symptoms. Their general health also improved. 80% relief was noted in group one and 70% in group II. The Madhyapaka ghruta acted well. Experimental and physical studies were carried out. Iodine value, acid value, saponification value, ether value etc. were carried out. Physical experiments like the determination of colour and ash value have proved significant differential characteristics of the plain ghee, mrudu, madhya and kharapakas. It can be observed that the ghruta contains fat soluble substances.

1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	5
4	[ArtTitle]	***MUKHADUSHIKA ME LODHRADI LEPA TATHA VATAPATRADI LEPA KI UPAYOGITA- EKA TULANATMAKA ADHYAYAN***
5	[ArtEqEng]	Comparative study of efficacy of Lodhradi and Vatapatradi lepa in Acne vulgaris
6	[NmeScholar]	Mahendra Agrawal
7	[NmeGuide]	L.C. Jayaswal
8	[NmeCoGuide]	
9	[Dept]	Kayachikitsa
10	[Insti]	Shree Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1997
13	[EnNo]	Y/30481, SAM 207/94
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Two groups of twenty each patients having acne (Mukhadushika) are treated with Lodhradi lepa and Vatapatradi lepa. In the group treated with lodhradi lepa, efficacy in eruptions was observed in 17 patients out of 20. There was improvement in skin discoloration of 16 out of 20 patients and decrease in pain in 14 out of 14 patients. In the group treated with vatapatradi lepa, 16 patients out of 20 got relief in eruptive growth, 11 patients relived from skin discoloration and 14 patients relieved from pain. There were no side effects while the treatment. It was found that Lodhradi lepa was found effective than Vatapatradi lepa.

1	[ArtID]	
2	[FolNo]	1B
3	[SlNo]	166
4	[ArtTitle]	***STUDY OF PSORIASIS ACCORDING TO AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	M.M.
7	[NmeGuide]	Vinayak J.Thakar
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarat Ayurved University, Jamnagar
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In this clinical study, 20 patients suffering from psoriasis were selected. A combination of two formulations viz., Gandhaka rasayana and Arogyavardhini in equal quantity was selected for oral use. For external use, Gandhaka malahara individually and in combination with Chandamrutam was used. It is concluded that, Kitibha kushta of Ayurvedic classics resemble with the clinical picture of Proriasis. Kitibha occurs in patients irrespective of their age and sex. Its greater incidence is recorded during rainy and winter seasons. The blood picture of the psoriatic patients showed only a low level of Haemoglobin and increased number of total WBC count. The therapy was highly significant from statistical point of view. Better results can be achieved by

advising patients to take salt free diet and avoiding sour taste. Usage of soap can aggravate the symptoms of psoriasis. Cleanliness also most important factor in the management of psoriasis.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1344
4	[ArtTitle]	***DERMATOLOGY IN BRIHATTRAYI (WITH SPECIAL REFERENCE TO ECZEMA)***
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Indra Deo
7	[NmeGuide]	Diwakar Ojha
8	[NmeCoGuide]	D. Ojha
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Clinical study of Eczema shows that males suffer from this disease more and especially in second decade of life and most of them has positive family history. Incidence of dry and wet was 50% each and itching and papules formation was seen in all Eczema cases. The therapeutic study was also done on Eczema cases and a drug Vicharchika malahara was prepared and used topically. The drug contains Parada, Sarshapa taila, Tuttha (Copper sulphate), Kuchala (Strychnus nuxvomica), Sarjarasa (Shoria robusta), Sunthi (Zingiber officinale) and Dhatura (Datura stramonium). For internal use Kaishora guggulu, Arogyavardhini, Sarivadyasava, and Khadirarishta were given. Steroids were given in control group. All 106 Eczema patients were divided into 6 groups with different combinations of drugs. 50% cure rate was shown in control group and 35.29% patients were cured when only Vicharchika

malahara was applied after washing the lesion with Nimbapatra decoction. 66.67% cases were cured when mixed treatment was given both orally and for local use with the rise in Haemoglobin and decrease in E.S.R. Local application of Vicharchika malhara should be avoided in soft portions of the body.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1001
4	[ArtTitle]	***ECZEMA AND ITS TREATMENT BY TWO AYURVEDIC FORMULATIONS***
5	[ArtEqEng]	
6	[NmeScholar]	B. Pramod Kumar
7	[NmeGuide]	D. Ojha
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D. (AYU.)
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The classical Ayurvedic literatures have got ample references of the disease Eczema under the name 'Pama' and 'Vicharchika', but its etiology, pathogenesis and treatment are not fully described. All skin disorders are described in 'Kushtha' chapter. Two Ayurvedic formulations 'Pancha Nimba' and 'Dadrunashaka churna' have been chosen for the present study. For the control Betamethasone tablets and Betamethasone with Neomcycin cream was taken. 'Pancha Nimba churna' was given orally and 'Dadrunashaka churna' was used for external use. The patients were devided into trial group, control group and combined group of patients and evaluation was done by clinical and laboratory methods. Lesions with discharge are diagnosed as 'Vicharchika' and without discharge as 'Pama'.

In trial group 39 patients of Eczema received 'Panchanimba churna' 6gm orally in three equal doses for 12 weeks and 'Dadrunashaka churna' along with Mustard oil for external use twice daily. In control group, 20 patients received Betamethasone 1 tab. thrice daily for 15 days, which was gradually tapered and was stopped after 12 weeks along with Betamethasone with Neomycine cream applied twice daily.

In combined group, 11 patients were registered and received both the drugs. Best results were seen in the combined group where all the patients showed improvement. No deterioration was observed in any group. 'Panchanimba churna' caused loose motions and abdominal pain in a few patients and some patients developed itching after use of 'Dadrunashaka churna.

1	[ArtID]	
2	[FolNo]	18 B
3	[SlNo]	4
4	[ArtTitle]	***STUDY OF GANDHAKA AND ITS EFFECT ON PAMA***
5	[ArtEqEng]	
6	[NmeScholar]	DR.B.S.NATARAJ
7	[NmeGuide]	DR.T.S.VANAYAKSHAMMA
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[Any another]	
18	[Abst]	The main aim of this dissertation is three fold. The re-establish the fact that Gandhaka is an excellent remedy for Pama and whether the name given to it as Pamari is relevant or not. To find a cheap and best remedy for disease pama. Purification of Gandharak according to our classic reference. After collecting the relevant data from the different Ayurvedic & modern texts the conclusion is that) a) The common aetiological factor for pama is unhygienic condition and continuous contact with affected person. b) As 91.8% of the cases selected for study got cured of the disease pama, the name given to Gandhaka as Pamari is relevant and it is a cure for Pama.

c) The cost price of the treatment by gandhaka is cheap by the study made on it.

d) Gandhaka purified with milk is less effected (81.25%) than the Gandhaka purified with bringaraja swarasa (90%).

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	80
4	[ArtTitle]	***CHARAKOKTA KUSHTHAGHNA MAHAKASHAYATIL KHADIR, ARAGVADHA YA DRAVYANCHE ANTAPARIMARJAN VA BAHIPARIMARJAN SIDDHANTACHYA ANUSHANGANE ADHYAYAN***
5	[ArtEqEng]	
6	[NmeScholar]	Rahul Palshetkar
7	[NmeGuide]	N.R. Sabu
8	[NmeCoGuide]	
9	[Dept]	Department of Sanskrit-Samhita-Siddhanta
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1999
13	[EnNo]	140(4/12/96)
14	[Lang]	Marathi
15	[Study]	
16	[SubStudy]	Sanskrit-Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	Khadira and Aragvadha were used internally (antaparimarjana) and externally (bahiparimarjana) in 60 patients of Kushtha. They were divided in three groups of each 20 patients. It was noted that internal usage of these drugs has better effect in kandu, araktata and srava whereas external application had effect on srava and kledayukta sparsha. Both internal and external usage has reported result in all the features except shyavata and kledayukta sparsha. It is concluded that combined usage is more effective than any single type of use. It should be given for duration of more than 3 weeks.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	57
4	[ArtTitle]	***EFFECT OF GUGGULU TIKTAKA GHRITA IN HEALING OF DUSHTAVRANAS***
5	[ArtEqEng]	
6	[NmeScholar]	Mustafa Kamal
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.K.Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerla university Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Guggulutiktaka ghrita is a well known drug in the Ayurvedic Materia Medica which posses a number of miraculous properties. The present study aims to assess its beneficial properties especially in the healing of Dushtavranas. Patients selected for clinical trial had previous history of treatment with antibiotics. The patients were thoroughly examined and the site, width, colour, shape, gati, lakshnas etc. were noted and recorded. The patients were equally divided into treated and control group. The treated group was administered with Guggulutiktaka ghrita internally as well as externally. In the control group patients were given Tiktaka ghrita both internally and externally. The patients of the treated group responded in all respects, pain relieved much earlier than the control group. Swelling, itching and exudation were also reduced within a

short in the treated group. The area of Vrana reduced remarkably. It seems that Guggulutiktaka ghrita helps to increase the wound contraction which is a stage of healing. The colour of the Vrana regained normally within 20 days in the treated group. From the observations it was also noted that vatakaphaja and vataja vrana has highly responded to Guggulutiktaka ghrita than that of Tiktaka ghrita. An experimental study was also conducted by producing artificial wounds in Guinea pigs. The results were coinciding with the clinical findings.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	63B
4	[ArtTitle]	***EVALUATION OF KAKODUMBARIKADI YOGA IN MANAGEMENT OF SWITRA (VITILIGO)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Shreekanthbabu Perugu
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr. H. Chikka Hanumaiah
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Switra is a hypopigmentary disorder which has a social stigma attached into it. Ayurveda has dealt this disease as an important one among skin ailments. This study is intended to study the efficacy of Kakodumbarikadi yoga in Switra the dissertation is divided into two parts, part –I consists of review of Literature and Part – II consists of Materials and methods. 52 patients were incidentally sampled into 3 groups in group A&B – 19 patients & in Group C -14 patients were taken. For Group A: Deepana pachana done by Trikatu choorna and Vidanga choorna with Ushnodaha. Then 1) Kakodumbarikaedi yoga in a dose of 500 mg – 1000 mg once a day in morning with 30ml of Gomootra as Anupana. 2)

Khadhirarishta – 30 ml 3 times a day 3) Arogyavardhinivati 1 tds 4) Kakodumbarikadi for external application was given for 60-90 days. Follow up is done for one and half year.

For Group B – Deepana pachana as in group A Snehapana by Panchatiktha gritha: Abhyanga by Madhuyasti taila, Virechana by Icchabedhi rasa. Then Shamanoushadhi chikitsa administered as in group A.

For Group C: - Jalukavacharana is done for 7 days along with group A treatment.

In Group A, among 19 cases, 10.52% were cured. 31.57% were improved, 57.89% were moderately improved.

In group B among 19 patients, 15.78% were cured. 42.10% were improved. 42.10% were moderately improved.

In group C among 14 patients 14.28% were cured. 42.85% were improved. 35.78% were moderately improved and 1.92% was not cured.

The therapies though cheaper are not very effective either independently or in combination. So classical methodology of management of switra is not helpful.

4.16. SKIN AND SOFT TISSUE DISORDERS

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	39
4	[ArtTitle]	***EFFECT OF PRACHANA IN VICHARCHIKA***
5	[ArtEqEng]	
6	[NmeScholar]	M.P Padmanabhan Nair
7	[NmeGuide]	Dr. L. Sarada Amma
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikista -panchakarma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikista - Panchakarma
17	[AnyOther]	
18	[Abst]	Ayurveda consider Sodhanakarma or eliminatory procedures as the best mode of therapy. Sodhana karams are Vamana, Virechana, Vasti, Nasya karma and Raktamokshana. Raktamokshana is advocated in the treatment of blood borne diseases or diseases due to impure blood (vitiated Rakta). Prachana is one variety of Raktamoksha. Vicharchika is a skin disease having high characteristic features of severe itching, small skin eruptions and profuse oozing of exudates. It usually affects the lower part of legs and runs a chronic course. Even though it can be managed by medicinal treatment, the rate of recurrence is very high. But this can be avoided by doing Prachana (Raktamokshana) along with other Samana treatment which will cure the disease radically. The clinical study has been conducted in patients suffering from Vicharchika, dividing them into 2 groups Group I patients have been

treated with Guggulu Tiktaka Ghrita and other medicines and Group 2 patients have been treated by Prachana and Guggulu Tiktaka Ghritam. Routine blood examinations have been conducted to all patients before treatment and 20 days after treatment. Marked increase in E.S.R .and total W.B.C count observed in all patients suffering from the disease. The result came in favor of group 2 patients where Prachana has been done along with administration of Guggulu Tiktaka Ghritam. With in 10 days of this treatment the itching and exudation disappeared in almost all case whereas it took more time in group. I Patients where Samana treatment alone was given. Marked decrease in E.S.R and W.B.C found in the Prachana group. The follow up studies also conducted in these patients to study the recurrence. The rate of recurrence in Parchana group was 20% in a period of 6 months whereas in the Samana group it was 50% at the same period. Patients treated by Prachana got complete cure in 50% cases, moderate cure in 20% cases, improvement in 20% and no response in 10% cases. At the same time the other group treated with conventional and Samana treatment recorded complete cure only in 30%, moderate cure in 20%, mild improvement in 10% and no response in 40% cases. So, the trial is revealing that the Prachana therapy along with Samana treatment is superior over the conventional Samana chikitsa. The laboratory investigations also supported the above view.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	41B
4	[ArtTitle]	***EFFECT OF PANCHAKARMA CHIKITSA AND GANDHAKA RASAYANA IN THE MANAGEMENT OF LEPROSY.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. M. Eswara Reddy.
7	[NmeGuide]	Dr. B.G. Gopinath.
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The dissertation has been divided into 8 chapters. The chapters in the sequential form are as follows:- 1. Introduction 2. Historical review 3. Diagnosis 4. Prognosis 5. Management 6. Samprapti Vighatana with Panchakarma chikitsa and Gandhaka rasayana 7. Materials methods 8. Results, discussion and conclusion.

Twenty five patients diagnosed as leprosy on modern lines were selected for the following procedure.

a. Amapachana : Trikatu Churna 3g. tds with hot water.
b. Snehana : With Guggulu triktaka gritha in Arohana karma.
c. Vamana : Madhanaphala yoga 15g with 5 ml. of Nimba swarasa and Madhu, Yastimadhu phanta as Vamanopaga
d. Vairechanika Dhama : Aparajitha yoga on the 15th day and Gandusha with Triphala kwatha.
e. Virechana : Trivrit yoga.
f. Niruha basti : 500 ml. of Darvyadhi kashaya and Anuvasana basti with 120 ml . of Patadi taila.
g. Nasya : Saindhavadhi churna nasyua for 7 days (Alternate days)
h. Gandhaka Rasayana 250-300 mg. with Khadira kwatha. The total duration of treatment was 3 months.

Out of the 25 patients selected for the trail, 10 patients were cured, 11 were morkedly improved and 4 have just improved.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	42
4	[ArtTitle]	***ECZEMA AND ITS TREATMENT BY TWO AYURVEDIC DRUG COMPOUNDS UDAY BHASKARA AND VICHARCHIKA HARA LEPA***
5	[ArtEqEng]	
6	[NmeScholar]	Mourya, Onkar Nath
7	[NmeGuide]	Diwakar Ojha
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The term 'Kustha' covers a large number of definitions under which every type of skin diseases seems to be included. Vicharchika (Eczema) is one of the highly troublesome, frequently related obstinate forms of skin disease which is included under the heading of Kshudra kustha. In the present thesis description of the disease from modern and ancient point of view is given in detail with pathological pictures of the eczema. The chief ingredient of topical preparation 'Vicharchika-Marlepa' are Sunthi. Saindhava and Griha dhoom mixed with mustard oil. Uday bhaskar containing tamra bhasma, Vatsnabh and Marich was used orally in the dose of 60-100mg. TDS as per requirement. For control predinisolone orally and

Betamothasone Valerate appointment for local uses were chosen.

37 patients were put in trial group and 23 in control group, with three subgroups in each trial. Excellent response was noted in patients where oral and local medicines were used at the same time in both the groups (53.33%) in trial group and 75.00% in control group.

Both these compounds have a place in the long term management of eczema without toxic effect.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	65B
4	[ArtTitle]	***DIAGNOSIS AND MANAGEMENT OF KAKSHA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Sudha
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr. Narasimha
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1993
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The contents of the dissertation are divided into 2 parts. The first part consists of 3 chapters. Chap-1 deals with Nirukti and Paribhasha Paryayas and Bhedas. Chap-2 deals with Nidana Panchaka and chap-3 comprises of Chikitsa vivechana and Pathyaapathya. Part II has 4 chapters dealing with materials and methods, observation and results, discussion and conclusion. Twenty patients were divided into 2 groups of 10 patients each. Group A was treated with Amrutha satwa, kamadugha Rasa, Sarivadyasava and Safrozan for application. Group B was treated with Amrutha Satva, Kamadugha Rasa, Khadirarista and Gouradya Ghrita for external application. The aim was to know the efficacy of treatment adopted in these 2 groups.

The observation result and conclusion was given as follows. Group B was found to be more effective in the management of herpes zoster with the involvement of the ophthalmic branch of trigeminal nerve. This group also had quicker relief when compared to Group A.

Both groups of drugs had more effect when compared to treatment given in modern hospitals.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	93B
4	[ArtTitle]	***CONTROLLED CLINICAL STUDY ON THE EFFECT OF THE APPLICATION OF ARKA TAILA IN PAMA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Sharada
7	[NmeGuide]	Dr. R.P. Hosamath
8	[NmeCoGuide]	Dr.Shalini.C.Fli
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Diseases of the skin are of common occurrence and they account for a great deal of misery and suffering, pama which is compared to scalies in the present study is a type of kushta which has been dealt widely in our indigenous system. The study was a controlled one consisting of 2 groups A and B, consisting of 10 patients each. Group A patients were given Arkataila and Group B were given murchita sarshapa taila for external application. Assessment criteria was based on there main lakshanas i.e. kandu, pidaka and srava and assessment was made once in every 5 days. In the test group 50% of the cases were cured, 45% were moderately improved and 5% were not improved. In the control group none were cured. And all the patients were improved moderately. Arka taila showed better results than

moorchita sarshapa taila, which took longer period.

The aim of the study could not reach in the clinical trial, without shodhana or shamanoushadha, the treatment took longer time with only bahya oushadha prayoga.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	2
4	[ArtTitle]	***CLINICAL MANAGEMETN OF INDRALUPTHAM (ALOPECIA) WITH RAKTHAMOKSHANA AND MANAHSHILADI LEPA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. G.M. Sri Vishnu
7	[NmeGuide]	Dr. T. Sreepathi Rao
8	[NmeCoGuide]	Dr. K.V.S. Prabhakaram
9	[Dept]	Department of Salya-Salakya & Prasuti Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Salakya
17	[AnyOther]	
18	[Abst]	Indraluptha is predominantly a cosmetic and an age old problem. It is taken up for clinical studies with herbomineral preparation. Clinical group 'A' is treated with Rakthamokshana (pracchanana) and Manahshiladi lepa (pradeha). The group B is treated with Manahshiladi lepa alone. The clinical study reveals that : 1. The Indraluptha is highly predominant in the age group of 16 to 45 years being highest among 20 to 35 years of age and 90% among males. 2. Front-parietal area is mostly affected (80%) 3. The loss of hair without pain is commonest.

4. Partial improvement is 53% while cure rate is 37%
5. Skin diseases stress and infections play an important role in precipitating the Indraluptha 50%.
6. The treatment with Manahshiladi lepa preceded by Rakthamokshana cured the disease with in one month.
7. Rakthamokshana (Prachanana) with Manahshiladi pradeha showed better results than with Manahshiladi pradeha alone.
8. Partial improvement is more in group 'B' than in group 'A'.

1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	3
4	[ArtTitle]	***CLINICAL MANAGEMENT OF VICHARCHIKA BY JALAUKAVACHARANA WITH OR WITHOUT TIKTAGHRUTHAM***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Thammineni Ramakrishna
7	[NmeGuide]	Dr. T. Sripathi Rao
8	[NmeCoGuide]	Dr. K. Pratap Reddy
9	[Dept]	Department of Shalya Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1996
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya Tantra
17	[AnyOther]	
18	[Abst]	The present clinical study is aimed to evaluate the efficacy of Jalauka therapy and Tiktaghrutam in the Raktagatha twak rogas based on Susrutha description. Vicharchika patients were selected for the present clinical study. In the present dermatology practice, if the anti inflammatory and antibiotic therapy and corticosteroid therapy fails there is no alternative. Hence, the primary object of the study was to chalk out an alternative, effective, safe, simple, harmless, non invasive and parasurgical method of approach for these Raktagatha twak janya vikaras. The cases suffering from Vicharchika were selected at random irrespective of age, sex, severity, chronicity, occupation and

socio economic status. Total of 20 cases were registered out of which 10 cases were subjected to Jalauka therapy for a period of 5 weeks and another, 10 cases were subjected to Jalauka therapy for a period of 5 weeks and along with that Tiktaghritham was given internally for 7 to 15 days depending upon the response.

In cases of Nisravayukta Vicharchika (dry eczema) 2-3 Jaluakas were over the peripheral part of the lesion on alternate weeks for a period of 5 weeks. Where as Sravayukta Vicharchika 2-4 Jalaukas applied for a period of 5 weeks along with that Tiktaghritham 5 gm was given. The relief of subjective symptoms such as pidaka, srava, arthi, kandu, ruksha, ruja were the main criteria for assessment during Jalauka therapy in every week relief in subjective symptoms were noted carefully.

The Jalauka therapy is chiefly advocated in children, women those who are afraid of surgery in rakta and pitta dosha vikaras.

Nirvisha Jalaukas are identified and selected chiefly based on their colour. They are grayish yellow (Kapila varna) on the dorsal surface and grey colour on the ventral surface. Only 4” pramana Jalaukas were used for the purpose of study.

Each leech can suck up to 10-12 c.c. of blood in every application.

Jalauka takes 15-30 minutes to complete one blood meal.

Thus Jalauka by virtue of its anticoagulant, anaesthetic and antihistamine properties is a painless adequate blood letting therapy with minimal tissue damage.

The process of inflammation and allergy process can be prevented with Jalauka therapy.

The early relief of symptoms in cases treated with Jalauka therapy must be due to removal of Dustarakta from the site by Jalauka.

The jalauka therapy was well tolerated and no side effects and no toxic symptoms were observed.

Jalauka therapy has got more significant control on the diseases like vicharchika.

Application of Jalauka in Nisravayukta Vicharchika has shown a dramatic relief in symptomatology as well as curing the disease.

In Sravayukta Vicharchika application of jalauka along with tiktaghritham with hot water shown its significant effect. Tiktagrutha drugs having kanduagna, kustagna, vranahara, it shows a remarkable effect in a short duration by relieving all the above symptoms.

There is insignificant effect observed in Sravayukta Vicharchika if the patients are subjected to Jalaukavacharan only.

Jalauka therapy is a best parasurgical method to adopt safe, simple, harmless, non invasive, easy out patient procedure.

The result of treatment with Jaluka is uniformly good except in cases of Srava where additional internal Tikta ghritha was given for cent percent relief.

1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	39
4	[ArtTitle]	**CLINICAL EFFECT OF KAKODUMBARA IN CASES OF SHVITRA WITH SANSHODHANA KARMA**
5	[ArtEqEng]	
6	[NmeScholar]	Joginder Singh Pathania
7	[NmeGuide]	Dr. P.S. Srivastav
8	[NmeCoGuide]	Dr. Z. Ansari
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1999
13	[EnNo]	L-AY/96/97
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The trial of kakodumbara was performed in the O.P.D. of kaya chikitsa department, state Ayurvedic college and hospital lucknow, U.P. in Shodhana group and shaman group. Those who affirmed their consent were put in shodhana group. Thus 6 cases were treated in this group, while those who did not affirm their consent were put in Shamana group. 14 cases were treated in this group. The plant of Kakodumbara (Ficus hispida) present in the vicinity of Lucknow was identified and the stem bark was taken out. It was cleaned with plenty of water and put for drying in the sun for 5 days. Then was "Yavakuta." In the Shamana group, in the beginning for the first three days, an extract of the 25 gms Kakodumbara Yavakuta soaked in 50 ml water for over night, daily along with Guda, 100gms

has been given. This was followed by 50 ml Kwatha (1:8) daily along with Guda, 50 gms for 42 days in Shamana group & in the Shodhana group after Shodhana Karma. After Tila Taila Abhyanga on diseased part, patients were asked for Atapa Sevana daily for 10-20 minutes during treatment period. Although patients were attended quite frequently, but the assessment has been scaled fortnightly.

The study was planned for 45 days but in majority of the patient, a follow up of 2 to 6 months has been made with the Kwatha administration.

The result of the treatment has been assessed on the ground of reduction in the are of the total Shvitra spots, the reduction in the number of patches of Shvitra all over the body and change in color of the Shivtra patches.

The data was entered in dBase III+ and was analyzed using statistical software's like E.P.I. info MINI TAB and S.P.S.S. The students 't' test Mann WHITNEY and WILCOXON text were used to analyze the data.

In the present study 20 patients of Shvitra have been treated with Kakodumbara drug. The study was done in two groups Shodhana group and Shamana group. 6 cases were treated in Shodhana group, while 14 cases were treated in Shamana group. Data obtained were analysed and following are the conclusions of clinical study.

1. With Acchha Sneha pana, Samyaka Snigdha Lakishana may appear on 4th day to 7th day, requiring 375 gms to 1125 gms. Of Sneha on an average. The Snehana took 5.5 days and 716.6 gms. Of Go Ghrita per patient.
2. Samyaka Swedana in Samyaka Snigdha patient in Sarwanga Washpa Swedana yantra took 10 to 15 minutes only.
3. Akantha Dugdha Pana followed by a combination of Madana Phala 10 gm, Vacha 10 gm Saindhava Lavana 5 gms, Madhu 25 ml, Supported by administration of Yashthi Madhu Phanta, according to the patients requirement has been found work able remedy for Vamana

Karma. However it is not found highly recommendable for the purpose.

4. Kakodumbara Twaka Rasa 50mlo with 100 gms Guda for three days causes two to six Vegas of Virechana.
5. The high incidence between 2nd, 3rd and 4th decades fo life is not real. The lower age group is not worried about his non ailing skin spots and olders are mentally adopted with their stigmattus lesion.
6. Only 5% cases have been found to have Shvitra since birth.
7. Positive family history of Shvitra has been found in 15% cases only.
8. Rate of onset has been found rapid in 10% cases and gradual in 90% cases.
9. Incompatible diet of milk, curd, fish and meat has been reported by 35% cases.
10. The past history of treatment by different pathies in different cases indicates non availability of satisfactory treatment bounds the patients to wander to and fro.
11. Distribution of Shvitra patches may be on any part of the skin. No predominance of any particular area is seen.
12. The Deha Prakriti of particular has got no co-relation with the appearance of Shvitra.
13. Reduction in area of patch has been 790±961 to 676±862 sqcms. After 45 days in Shodhana group.
14. Reduction in area of patch in Shamana group has been 46.5±67.1 to 33.4± 42.4 sq cms.
15. As the Shodhana group has been consent dependent and not a random selection was possible. So, Shodhana group contains patients with extensive area of Shvitra involvement. Thus the two groups are not strictly comparable.
16. Statistically both the group show the significant reduction in the area of patch with the P value being 0.036 in Shodhana group and 0.002 in Shamana group.

17. Compared by Mann Whitney test statistically we can state that shodhana group shows better results in comparison to Shamana group with the p value being 0.010.

18. Individually in both groups, the improvement is significant. Shodhana group p=0.036 and shaman group P=0.002.

19. Nausea, excessive urination and abdominal pain have been reported by one patient each.

20. A 45 days treatment does not help the patient completely. The improvement in pigmentation continues with the continuity of the drug. So, for a better response, the patients should be continued with the drug for longer period or a combination therapy with local application is supposed to have better response than a single drug therapy with or without Shodhana.

1	[ArtID]	
2	[FolNo]	9
3	[SlNo]	41
4	[ArtTitle]	***CHAKRAMARD KA GUNAKARMATMAK ADHYAYAN EVAM DADRUGHNA PARBHAV***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Surinder Pal Singh
7	[NmeGuide]	Dr. S.N. Goel
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic College, Patiala
11	[Univ]	
12	[Year]	1993
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Chakarmard Beez churna when mixed with Takra is more effective in cases of Taeniasis.

4.16. SKIN AND SOFT TISSUE DISORDERS

1	[ArtID]	
2	[FolNo]	2A
3	[SlNo]	20
4	[ArtTitle]	***AETIO PATHOLOGICAL STUDY OF SWITRA (VITILIGO) AND ITS MANAGEMENT BY SOME INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Kanakamedala Satyaprabha
7	[NmeGuide]	Dr. Loknath Sharma
8	[NmeCoGuide]	Dr. Peeyush Mehta
9	[Dept]	Department of Rog & Vikriti Vigyan
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	1996
13	[EnNo]	92/3454
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rog & Vikriti Vigyan
17	[AnyOther]	

18 [Abst]

On the above mentioned trial the following important clinical observations were made – The drugs Switrahara Churna and Switrahara Tail both were effective in the treatment of the disease Switra.

Satisfactory responses were obtained in patients suffering from the Switra for a long period of many years and in the patients who had Switra of much shorter duration.

Equal responses were observed in the cases of varied age, sex, religion and social status. Hence there was no relation between the sex, age, religion and social status of the patients and the role of response.

Lesions of the neck, leg, hand, responded rapidly compared to the lesions of the lips and palmar regions. Rapid repigmentation was observed in patients who were having paittic body constitution compared to vata and kapha constitution. Change in the lesions i.e. rapigmentations were observed in some cases especially paittic predominent constitution within one month i.e. after 20 days of treatment and in vatik or sleshmic constitution. It took 1 $^1/_2$ month to 2 months.

The lesions of more than one year duration also developed repigmentation within one month. If the hairs of that region became white then also repigmentation started.

In the etiopathological concept my conclusion is that aggrevated vayu undergoes sthana Sansraya into bhrajaka pitta sthanas and causing obstruction in its function of varunotpathi.

Topic of dissertation is Aetiopathological study of Switra and its management by some Indigenous drugs. This dissertation is presented in Chapters.

This contains – preface, Aims and Objects of study and Socio-Psychological implications of Switra in the ancient India and other parts of the World. 1st Chapter is giving the Introduction of the disease from Vedic period to present time, its etymology and definition.

Switra is a disease of Skin. In that occasion it is essential to go through the description of structure and function of skin and the pigment formation in both Ayurvedic and Modern views in 2nd Chapter.

In this according to Ayurvedic view Tamra Twacha is responsible for varna of Twacha according to modern aspect Malpigian layer is responsible for pigmentation of skin. Both these layers are described as fourth layer of the skin. Hence both the aspects are true regarding Varnotpathi.

In the description of pigmentation Bhrajaka pitta which is present in the skin is compared with melanin of melanocytes.

3rd Chapter deals with disease review. In these aetiological factors of both ayurvedic and modern views, clinical features and pathogenesis, sadhy sadhyata and differences between kushta and switra are described.

In the 4th chapter diagnosis of the disease according to Ayurveda and modern is described and therapeutic aspects are also explained in this chapter.

In the 5th Chapter experimental protocol, datas regarding the trial and discussion and result of the trial were described.

In the last chapter summary and Conclusion of the dissertation was described.

Switra is a disease of social embarrassment. It does not create any problem to the general condition of the body but external appearance will give 50% impression of the personality and also there is a misconception that Switra is a type of Kushta. To clear all these things and giving mental stability to the person it is important to treat the disease Switra. But it is of Viprakrusta aetiology. It will take time to complete relief of the disease. It is not possible to show complete relief in this limited duration of 3 months and the limited facilities. In the nidanarthakara causes if the underlying cause is treated then an idea will be obtained about its aetiology under long duration and proper facilities, it is possible to cure the disease completely by using these drugs.

It is quite possible that there are errors of omission and commission in this attempt, for which I beg to be excused. Intellectuals are welcomed for constructive criticism and defects will be gratefully acknowledged.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	44B
4	[ArtTitle]	***A STUDY ON INDRALUPTA AND ITS MANAGEMENT.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. L. Lingaiah
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	50 patients selected for the study and were divided in equal groups randomly. Group A: Patients were treated with Hasthidantamasi with Rasanjana as lepa on the affected area once in day for the period of 90 days. Group B: Patients were treated with the same remedy explained for the group A and also Shirovirechana was carried out using the Anu taila 6 drops per day for the duration of 7 alternative days according to Nasya procedure. **RESULT :** 50 patients were selected for study and divided in equal groups randomly. Hastidanta masi rasanana lepa gives excellent results, effect occurring between 31-90 days Romasanjanana started after 15 days in acute and 60 days in chronic conditions, 80% of group A got cured and 76% got cured in Group-B from Indralupta.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	32
4	[ArtTitle]	***A CLINICAL ASSESSMENT OF BAKUCHI COMPOUND IN THE TREATMENT OF VITILIGO (SHVITRA)***
5	[ArtEqEng]	
6	[NmeScholar]	Upadhyaya, Rajiv Kumar
7	[NmeGuide]	Diwakar Ojha
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Vitiligo (Shvitra) is a long recognized disorder of pigmentation which some times creates social problems and often induces mental tension, due to the cosmetic disfigurement. In the beginning of the thesis, Ayurvedic and modern literature is reviewed in detail. In drug review section, ‘Bakuchi’ (Psoralea corylifolia Linn) ‘Udumbara’ (Ficus glomerata), ‘Khandira’) Acacia catechu Willd.) , Haridra (Curcuma longa Linn) and ‘Chakramarda’ (Cassia tora) is described. Besides the clinical study of vitiligo a trial of the ‘Bakuchi compound’ was also done on 48 patients of vitiligo. The compound contains above drugs in equal parts except ‘Bakuchi’ which is four times of each. Each patient received

6-10 gm. Of this compound granules. These granules were kept is 120ml. of water for a night and the following morning the infusion and the residue were separated. Residue was stirred to make thin paste which was applied topically on the vitiligo lesions. After 2 hrs of taking the oral dose the affected areas were cleaned, washed, and exposed to sunlight with increasing exposure time.

The clinical and laboratory criteria were selected. Out of 48 cases, 2 cases were cured, 2 cases were having excellent effect (90% repigmentation), 16 cases showed good improvement (33.33%), 11 cases were noticed having fair improvement (22.92%) and in 7 cases the repigmentation was negligible (14.058%). There was no significant changes in the liver function tests and blood urea level after treatment with 'Bakuchi compound' which indicates that the drug is not hepatotoxic or nephrotoxic.

In the younger age group response was better.

1.	[SamSize]	
2.	[ArtID]	
3.	[FolNo]	
4.	[SlNo]	
5.	[ArtTitle]	***EFFECT OF NIMBIDIN IN PSORIASIS – A CASE REPORT***
6.	[ArtEqEng]	
7.	[NmeScholar]	Rajasekharan S, Pillai N. G. K. P., Kurup P. B., Pillai K. G. B., Nair C.P.R.
8.	[NmeGuide]	
9.	[NmeCoGuide]	
10.	[Dept]	
11.	[Insti]	Regional Research Institute, Trivandrum.
12.	[Univ]	
13.	[Year]	J. R. A. S. Vol. I, No. 1, (1980) pp. 52-58
14.	[EnNo]	
15.	[Lang]	English
16.	[Study]	
17.	[SubStudy]	
18.	[AnyOther]	
19.	[Abst]	A male aged 60 having psoriatic lesions of 13 years duration with no family history of skin diseases was taken for the clinical trial. 72 days treatment was given with nimbidin. This has provided encouraging response. Though a single case cannot be considered as sufficient to draw viable data, Yet it can be taken up as showing a lead of therapeutic usefulness of the drug nimbidin.

4.17. MISCELLANEOUS

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	58
4	[ArtTitle]	***AN EXPERIMENTAL AND CLINICAL STUDY IN DARWEEKARA VISHA***
5	[ArtEqEng]	
6	[NmeScholar]	P.R.Premalal
7	[NmeGuide]	Dr. K.Sadasiva Sarma
8	[NmeCoGuide]	Dr. P. Shankaran Nair
9	[Dept]	Department of Visha
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerla university Trivandrum
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Visha - Agadatantra
17	[AnyOther]	
18	[Abst]	All Ayurvedic texts have elaborately described about snakes and its Ayurvedic literature were studied in detail and experimental and clinical study were done. By the symptoms and signs that are diagnosed as Darweekara sarpa only were taken for clinical trial. All the patients were treated with Karaskarady Gulika dissolved in hot water followed by other specific medicines. The disappearance of main symptoms was taken as the indication to discontinue the specific treatment. For experimental study Rabbits, Mice and frogs were used. The symptoms of snake bite cases are described according to visha vegas by the Ayurvedic Acharyas i.e. The Visha produces a particular group of signs and symptoms when it affects a particular kala. Kalas in short leave some protective, secretive and execretive functions. Visha when affects one kala those functions are deranged. The vata prakopa in a Darweekara

damsa may occour in both ways of Dhatu kshaya and Margavarodha. The results of the present study are encouraging, 90% of cases were cured. The preliminary studies have indicated the correctness of the observations of Ayurvedists which can stand the test of time. Experimental, pharmacological and clinical studies have shown the nature of action and the efficacy of the drugs used as well as the rational and scientific basis of the methods of the management of Darweekara damsa. Further studies on these lines will add to the advancement Ayurveda.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	36
4	[ArtTitle]	***AYURVEDIC MANAGEMENT OF ECHIS CARINATUS POISONING WITH SPECIAL REFERENCE TO THE ACTION OF ARISTOLOLOCHIA INDICA.***
5	[ArtEqEng]	
6	[NmeScholar]	P.Unnikrishan
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.K Mohanlal
9	[Dept]	Department of Visha
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Visha - Agadatantra
17	[AnyOther]	
18	[Abst]	This description of snake bites and its treatment mentioned in Charaka samhita points to the fact that it was a common hazard during the periods of Charaka. The bite of Echis carintus - Churutta is quite common in the northern parts of Kerala. There are number of yogas which contain Karalakam - Garuda kody - Aristolochia Indica which can be used in the bites of Churutta. The clinical studies were also carried out. 24 cases were selected for this particular study. Aristoolchia indica was used for the treatment. After the course of treatments there was relief of symptoms. The signs and symptoms disappeared within a week. Echis carinatus comes under mandali group. The signs and symptoms seen in the snake bite are mainly those of Pittavirdhi and Rakta dushti. Burning sensations,

elevated temperature, generalized burning and burning in stomach causes vitiation of pitta. The laboratory investigations usually showed a decreased platelet count and a prolonged clotting time. RBC counts were also reduced. The results of the clinical studies are encouraging, advanced clinical studies combined with research should be done.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	55
4	[ArtTitle]	***EFFECT OF SIREESHA IN LUTHA VISHA***
5	[ArtEqEng]	
6	[NmeScholar]	N.Devadasan
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P. Sankaran Nair
9	[Dept]	Department of Visha
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerla University Trivandrum
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Visha - Agadatantra
17	[AnyOther]	
18	[Abst]	Spiders are one of the commonest house hold creatures and there is a high occurrence of spider bite cases in Kerla. The treatment of Lutha visha should be done carefully in time, contrary it may lead to many complications. "Sireesha" is said to be an "effective drug for Luthavisha in Ayurveda. The available literatures were reviewed in detail with ken interest. Clinical studies were also conducted scientifically and systematically. Being an initial trial Sireesha gritham, and Sireesha keram were administered to the selected patients and the selection of patients were done exclusively on the basis of the predominance of the general visual symptoms of `` lutha visha `` at the time of admission. Since blood examinations were over it was under the opinion that patients were under the evidence of infections. The drugs were administered for about two weeks. The statistical reports show that of the Visha cases majority comes under Lutha visha. It can be assumed

that spider poison is capable for deranging some or other factors in the blood which eventually leads to certain physiological dysfunction. Spider poison is capable of deranging the thermodynamic mechanism of the body. Direct bite by spiders is more complicated than other modes of infection. Out of the patients taken for clinical studies 45% were completely under relief with in a period of 10 days and the symptoms of remaining patients were completely cured with in 17 days. It can be concluded that Sireesha is highly beneficial for the treatment of Lutha visha.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	59
4	[ArtTitle]	***EXPERIMENTAL AND CLINICAL STUDY ON DARVEEKARA VISHA WITH GARUDI***
5	[ArtEqEng]	
6	[NmeScholar]	T.K. PRADEEP
7	[NmeGuide]	Dr. L. Sarada Amma
8	[NmeCoGuide]	Dr. P.Sankaran Nair
9	[Dept]	Department of Visha
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerla university Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Visha - Agadatantra
17	[AnyOther]	
18	[Abst]	There are references in Vedas about the effect of plants on venom. The biological activity, mechanism of bite, properties of venom etc. were mentioned in classical text books. The antidotes mentioned in the Indian systems of Medicine are creditable. Experimental studies were carried out in albino rats to study the L.D.50. Effect of Garudi pills in cobra venom injected rabbits, effect of cobra venom in rabbits after administering Garudi pills and effect of various doses of water soluble Graudi pills in frogs heart in situ, isolated heart of frog and rabbit and acute toxicity study of Garudi pills was carried out elaborately. Based on this experimental study, clinical study was also conducted. Due to the reasons beyond control the numbers of cases treated were less than ten. Based on the observation it can be assumed that the activity of the drug may be due to the pharmacologically reversing

mechanism of the drug. The assessment can be possible by Phytochemical, Pharmacological and elaborate clinical trials using sophisticated instruments and methods. However the results are encouraging. 80% cure was observed .20% was not responded and this is due to the delay in bringing the patient for treatment. A purified and standardised pill if administered parentally may show Antivenomous activity. The pilot study evaluate the efficacy of a traditionally proved vegetable drug by Modern parameters are to be taken as a project for further study.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	56
4	[ArtTitle]	***STAVARA VISHA WITH SPECIAL REFERENCE TO THE PHARMACOLOGICAL AND TOXICITY STUDY OF ARKA***
5	[ArtEqEng]	
6	[NmeScholar]	K.Retnamma
7	[NmeGuide]	Dr. K.Sadasiv Sarma
8	[NmeCoGuide]	Dr. L.Sarada Amma
9	[Dept]	Department of Visha
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerla university Trivandrum
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Visha - Agadatantra
17	[AnyOther]	
18	[Abst]	Poisonous and non poisonous plants of the whole vegetable kingdom were included in the complete prescriptions. Plants which are highly poisonous and less poisonous and some of the drugs of the mineral group comes under Stavaravisha. Cases of Stavara visha are common. Over dosage and accidental poisoning may also occur. Stavara vishas are antidote for Jangama vishas. The action of Stavara visha will be quick or slow. The present study is intended to evaluate the detailed Pharmacological, Toxicological and clinical effects of the plants. The Pharmacological and toxic effects of the plant was noted by animal experiments. Aqueous and alcoholic extract of the drug and Arkaghrita were prepared and administered in frog, Albino rat, Rabbit and Dog. For clinical study, Arkaghrita was used in Vicharchika. Only a

pilot study was carried out. The patients diagnosed as Vicharchika were grouped into two, acute and chronic based on the prevailing signs and symptoms and duration. The treatment was followed for 14 days. In acute cases relief of symptoms was observed after six days whereas it took 10 days in chronic cases. Acute cases got complete cure in 60% cases and no such complete relief was noted in chronic type. As per the captioned observations noticed through the clinical studies Arka ghrita is effective in cases of Vicharchika particularly of acute nature. An elaborate study with sufficient number of patients is suggested.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	32
4	[ArtTitle]	***AN EXPERIMENTAL STUDY OF THE EFFECT OF INDIGOFERA TINCTORIA ON RUSSEL VIPER VENOM***
5	[ArtEqEng]	
6	[NmeScholar]	Sarat Chandra Barik
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.k Mohanlal
9	[Dept]	Department of Kayachikitsa - Visha
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Visha – Agadatantra
17	[AnyOther]	
18	[Abst]	Keeping in memory the unsolved problems and the inquisitiveness to know how, drug help in curing snake-bite inspired to take a problem for study. All the available literature was reviewed. Experimental study was carried out in this institution. Experimental studies were conducted in laboratory animals. Pharmacological studies of the plant were carried out earlier. The effect of the drug in Cardiovascular system was noticed by administering the drug in Frog's heart in situ. The changes in rate and force of contractions were recorded. To asses the effect on smooth muscles Rabbit's jejunum and ileum of guinea-pig was studied.Acute toxicity study of the drug was also carried out using mice. It can be concluded by the experimental study that there is some evidence for increased release of histamine by mast cells following

Russell's viper envenomation. Thus the drug which is having spasmolytic effect on the isolated rabbit's jejunum may counteract the effect of histamine released by mast cells following viper envenomation. Toxicity study revealed that the drug has no toxic effect. Prior administration of the drug before envenomation showed encouraging results. An extensive study is suggested to have better accuracy.

5. RESEARCH ABSTRACTS (SIDDHA SYSTEM OF MEDICINE)

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	36
4	[ArtTitle]	***A STUDY ON POONERU***
5	[ArtEqEng]	A Study on Fuller's Earth
6	[NmeScholar]	C. Eleza
7	[NmeGuide]	G.Victor Rajamanickam
8	[NmeCoGuide]	
9	[Dept]	Department of Siddha
10	[Insti]	
11	[Univ]	Tamil University , Thanjavur
12	[Year]	2001
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph. D
16	[SubStudy]	Standardization and Scientific Validation
17	[Any another]	
18	[Abst]	

Background and Objective :

Pooneeru is a traditional Siddha medicine that has been used in different names by Siddhars from time immemorial. Further, when pooneeru is added up to any medicine, it is found that the medicine reacts quickly and speeds up the cure. In other words, the addition of pooneeru, catalyze the action of the drug leading to cure. Moreover, it is also believed that the medicines prepared with pooneeru, as one of the components, are not affected either in its quality or in its quantity however much the number of years, it is preserved. Only when pooneeru is added with such herbal medicine, they bring real effect to give sound health and strong physique. It also enables human beings to get control in the arrest of the impact of ageing. In Siddha Medicine, muppu is considered to be the crown of the medicines and for preparing this muppu, the ashing of pooneeru forms the base. Hence, without pooneeru, muppu cannot be prepared. Considering the above facts, it was decided to scientifically validate pooneru: the raw material, the bio-geo-chemical changes taking place during *thasa theetchai* (10 stages of purification/processing) and the final product.

Methods :

Pooneeru was collected during the month of chitra full moon day (during April) between 12 midnight to 3 a.m. (first samam). The pooneeru, budding out in the form of white soft material on the surface of the ground in a sheet like pattern, was scraped using clear tin sheet and collected in a porcelain jar. Pooneeru was processed using kadi known as *thasa theetchai*. For this purpose, kadi neer was prepared from karunguruvai (black paddy) continuously for six months. The raw material pooneru was processed by dissolution with black paddy kadi 10 times and then lastly firing with cow dung, completes the processing.

Results :

The changes in the concentration of heavy metals from stage to stage were observed. By processing from stage to stage, they eliminate cobalt, lead and in that place they bring arsenic and cadmium. In the last stage of converting into chunnam (caustic oxide), they bring vanadium, barium and strontium. All these inductions are gradually done from kadi to the base mineral matter. The heavy metal like mercury is getting enriched in the final chunnaṃ. As confirmed by X-ray diffractograms, the pooneru samples of both full moon and after full moon are found to be of pirssonite only. Pirssonites are primarily of calcium and sodium hydrous carbonate.

Conclusion :

More scientific studies are warranted to validate the clinical efficacy of pooneru. Efficacy studies should use standardized reproducible quality controlled formulas. Pre-clinical *in vitro* studies should precede animal studies and clinical trials.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	22
4	[ArtTitle]	***INVESTIGATIONS ON NUTRITIONAL, PHARMACOGNOSTICAL, ANTIMICROBIAL AND ANTICANCER ACTIVITIES OF Asparagus racemosus willd., Curculigo orchioides gaerten. and Tinospora cordifolia miers.***
5	[ArtEqEng]	
6	[NmeScholar]	S. Selvarajan
7	[NmeGuide]	N. Raaman
8	[NmeCoGuide]	
9	[Dept]	Botany
10	[Insti]	Centre for Advanced Studies in Botany
11	[Univ]	University of Madras
12	[Year]	2008
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph. D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	There is no reliable treatment for larynx cancer from synthetic area. In recent years, larynx cancer deaths are more and more. All over the world, larynx cancer has occupying the main place for the deaths in the World. Each and every year more and more people are suffering from larynx cancer. Cigarette smoking is one of the most important risk factor for larynx cancer, because oxidative stress resulting from cigarette smoke is playing the critical role on carcinogenesis. Chemoprevention offers a novel approach to control the incidence of larynx cancer. A large number of chemo-preventive agents have been identified in the epidemiological, experimental, preclinical and clinical observations. However, the toxic side effects produced

and observed by these agents have limited their regular and continuous use. Therefore, there is a need to identify the drugs from the natural source like medicinal plants that have significant chemotherapeutic potential without harmful effects.

The use of combinations of two or more phytomedicines has demonstrated that the ability to suppress the growth of chemo-resistant tumour cell lines, such as endometrial cancer cell line AN3 CA, adriamycin-resistant MCF-7/ADR cells and the cisplatin-resistant ovarian cancer cell line A2780. It is possible that the combinations of purified active medicinal plant compounds may be coupled with other conventional anticancer chemotherapies to achieve the additive or even synergistic activity.

In Siddha system of medicine, the rootstocks of Asparagus racemosus are used for its medicinal property against dysentery, tumours, inflammation, throat complaints, tuberculosis, leprosy, night-blindness blood and eye diseases (Agharkar, 1953a,b). The rhizomes of Curculigo orchioides is possessing the medicinal properties, such as cooling, diuretic, aphrodisiac, viriligenic and tonic, which can be used to treat hemorrhoids, leucorrhoea, pruritis, skin diseases, asthma, bronchitis and jaundice (Nadkarni and Nadkarni, 1976; Kirtikar and Basu, 1987). Tinospora cordifolia is known for its general tonic, anti-inflammatory, anti-arthritic and anti-allergic activities. It is also useful in skin diseases, vomiting, anemia, piles, chronic fever and emaciation (Chopra et al., 1956, 1969; Nadkarni and Nadkarni, 1976; Kirtikar and Basu, 1987). But no much work has been carried out to validate the medical effects of these plants on larynx cancer cells.

Considering the medicinal importance of Asparagus racemosus, Curculigo orchioides and Tinospora cordifolia, the present study was carried out. To analyze the nutritional values, proximate principles and level of toxic elements in Asparagus racemosus, Curculigo orchioides and Tinospora cordifolia. To carry out the pharmacognostical standardization of these three medicinal plants. To evaluate the antimicrobial activities of the methanol extracts of this medicinal plants. To find out the cytotoxic and anticancer activities of the methanol extracts of these medicinal plants.

Studies were carried out to find out the nutritional values of Asparagus racemosus, Curculigo orchioides and Tinospora cordifolia. Anatomical studies, powder microscopy and qualitative phytochemical screenings were done to standardize the botanical features and to indicate the basic phytoconstituents of the crude drugs. Antimicrobial activities were tested for 4 bacteria (Staphylococcus aureus, Bacillus cereus, Pseudomonas aeruginosa and Escherichia coli) and 1 fungal pathogen (Candida albicans), which were carried out for individual and in combination of equal concentration of the 3 extracts. Cytotoxic and anticancer activities were carried out in Vero and Hep2 cell lines. The activities were tested for individual and in combination of equal concentrations of the 3 extracts.

The present study clearly revealed the potential anticancer activity of A. racemosus, C. orchioides and T. cordifolia. The synergistic effect of the extracts has potential in combating the larynx cancer cells. Antimicrobial study, pharmacognostical standardization and nutritional values were well established for these 3 medicinal plants. As A. racemosus, C. orchioides and T. cordifolia are containing the potential active principles, which are highly responsible for the activities such as, antioxidant, antimicrobial, anticancer and immunomodulator, further studies involving clinical trials on larynx cancer will be more effective with these medicinal plant extracts and their compounds.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	37
4	[ArtTitle]	*A STUDY ON UTHIRA VATHA SURONITHAM*
5	[ArtEqEng]	A Study on Rheumatoid Arthritis
6	[NmeScholar]	N.Jeyasankar
7	[NmeGuide]	Kandapalavesam
8	[NmeCoGuide]	
9	[Dept]	Department of Maruthuvam - Pothu (General Medicine)
10	[Insti]	Government Siddha Medical College, Palayamkottai, Tamilnadu
11	[Univ]	The Tamil Nadu Dr. M. G. R. Medical University, Chennai.
12	[Year]	March 1995.
13	[EnNo]	
14	[Lang]	Tamil & English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Branch – I Maruthuvam Pothu
17	[Any another]	
18	[Abst]	

Uthira vatha Suronitham [Rheumatoid Arthritis] is a commonly encountered problem in clinical practice. It has received International attention in search of finding a new drug that wipes out the fears and tears of the patients, who are suffering from the disease. The hallmark of the disease is chronicity, symmetry and prominent involvement of the hands where the main brunt falls upon the metacarpo-phalangeal joints and proximal inter-phalangeal joints. Morning stiffness, fatigue, general weakness, loss of weight and appetite, anaemia and depression are the prominent features.

The present study was chosen with an intention to give solace to Uthiravatha Suronitham or Rheumatoid Arthritis patients with the trial drugs Linga Mezhugu [Internal use] and Manosilai Thailam [External]. 20 patients of both the sexes were selected. Female patients pre-dominated the male patients [Ratio being 9:1]. In 70 % of the cases onset was gradual and in 30 % onset was acute in nature.

Cases were recorded in a case sheet as per the Siddha literatures and also routine blood examinations, urine & stools examinations were done. Also Rheumatoid Arthritis [RA] Factor, Serological tests for Syphilis, Blood sugar, Blood urea. Serum cholesterol, Serum uric acid, Radiological evaluations etc., were done.

The patients were treated with trial drugs Linga Mezhugu [Internal use] and Manosilai Thailam [External]. Diet restrictions were advised. Clinically the results were found to be satisfactory in 80 % of cases. Pharmacological reports revealed that Linga Mezhugu and Manosilai Thailam possess significant Analgesic & Anti-inflammatory actions respectively.

Also the trial drugs were free from adverse effects. Furthermore to conclude maiden research studies on the topic Uthiravatha Suronitham i.e Rheumatoid Arthritis does not come to standstill, it is underway.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	19
4	[Art Title]	***A STUDY ON GANDHAGA PARPAM FOR ERUMAL (BRONCHITIS)***
5	[ArtEqEng]	
6	[NmeScholar]	A. Gomathi
7	[NmeGuide]	M. Thinakaran
8	[NmeCoGuide]	
9	[Dept]	Department of Gunapadam (Pharmacology)
10	[Insti]	Government Siddha Medical College, Tirunelveli.
11	[Univ]	The Tamil Nadu Dr. M.G.R. Medical University, Chennai.
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D. (Siddha)
16	[SubStudy]	Gunapadam (Pharmacology)
17	[AnyOther]	
18	[Abst]	This present study was undertaken particularly for scientific and clinical study of Gandhaga parpam on Erumal disease (Bronchitis). The experimental study on animal subjects was undertaken to assess the anti-inflammatory and antihistaminic activity of Gandhaga parpam. Gandhaga parpam was prepared according to Siddha classics. Acute anti-inflammatory activity was evaluated in Albino rats by hind paw method. The drug has got significant acute anti-inflammatory activity. Antihistaminic study of Gandhaga parpam was evaluated by mast cell degranulation method. The drug possesses antihistaminic activity. Clinical study was undertaken for Erumal disease and a total of 20 cases were included in the study. Erumal is one of the most common diseases found in all the socio-economic status

and perhaps one of the most distressing diseases. The common signs and symptoms of Erumal disease described in Siddha text can be compared to bronchitis in modern medicine. All the 20 subjects were treated with Gandhage parpam, 85 % showed complete relief, 10 % partial relief, 5 % no relief of symptoms. No adverse reactions were noted during the drug administration. The clinical results show that the drug is effective against Erumal (Bronchitis).

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	01
4	[ArtTitle]	***ACUTE ANTI-INFLAMMATORY ACTIVITY OF KUTHTHUKKARAN SAMMATI A SIDDHA DRUG***
5	[ArtEqEng]	Acute anti-inflammatory activity of *Indigofera oblongifolia.* Forsk
6	[NmeScholar]	R. Rajasekaran
7	[NmeGuide]	M. Thinakaran
8	[NmeCoGuide]	B. Sampathkumar
9	[Dept]	Branch-II, Gunapadam
10	[Insti]	Government Siddha Medical College, Palayamkottai
11	[Univ]	The Tamilnadu Dr. MGR Medical University, Chennai
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D. (Siddha)
16	[SubStudy]	Gunapadam (Pharmacology)
17	[AnyOther]	
18	[Abst]	Acute anti-inflammatory study of Indigofera oblongifolia was evaluated in albino rats by Hind paw method. In Tamil and Siddha system of Medicines, this drug is known as "Kuthukkaran Sammati". For the investigation purpose the extract of the drug is prepared by dissolving in 5 ml of honey and 5 ml of water. A dose of 2 ml was given to each rat. This 2 ml contains 200 mg of the test drug. Nine healthy albino rats of either sex were divided into 3 groups consists of 3 each. Group I served as a control, Group II served as the standard (Ibuprofen) and Group III, received the test drug. The evaluation was done by Hind paw method and compared with the standard and control groups. The drug has moderate acute anti inflammatory activity.

Key words:

Indigofera oblongifolia forsk, acute anti-inflammatory activity, Kuthukkaran sammati, Siddha Medicine.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	38
4	[ArtTitle]	*A STUDY ON AZHINJIL VITHAI*
5	[ArtEqEng]	A Study on Seeds of *Alangium salviifolium* (Linn.F) Wang
6	[NmeScholar]	A. Rajendra Kumar
7	[NmeGuide]	M. Thinakaran
8	[NmeCoGuide]	P. Sampath Kumar
9	[Dept]	Gunapadam (Pharmacology)
10	[Insti]	Govt.Siddha Medical College, Palayamkottai
11	[Univ]	The Tamil Nadu Dr. M. G. R. Medical University, Chennai
12	[Year]	September 1999
13	[EnNo]	
14	[Lang]	Tamil & English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Branch II – Gunapadam (Pharmacology)
17	[Any another]	
18	[Abst]	There are various herbal remedies, which have been in use for thousands of years for the treatment of Arthritis. A small effort has been done to prove the therapeutic values of seeds of 'Azhinjil' ***Alangium salvifolium***, which was taken in the form of powder for the treatment of Azhal Keel Vayu (Osteoarthritis). Literature evidences of the plant and its drug preparations were compiled through various Siddha texts. The Gunapadam and botanical aspects of the herb have been gathered. Phytochemistry of the plant 'Azhinjil' with the alkaloids and active principles were mentioned. The prepared drug was subjected to Bio-chemical, Pharmacological and Clinical Studies. Bio-chemical analysis confirms the presence of Tannic acid, Reducing sugars, Amino acid, Starch and Unsaturated compounds. The pharmacological analysis states that the test

drug has mild Analgesic and Anti-inflammatory effects. The drug was prepared well and given to the in-patients and out-patients at a dose of 200mg. b.d with honey after food. The clinical trial of the test drug was done in 35 Azhal Keel Vayu patients of both sexes in the O.P and I.P wards. The clinical studies showed 54.5 % of cases very effective for therapy and 45.5 % showed moderate response. Toxicity studies were also carried out and the drug was found to be safe.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	33
4	[ArtTitle]	***A STUDY ON "SEETHAKAZHICHAL" (BACILLARY & AMOEBIC DYSENTERY)***
5	[ArtEqEng]	
6	[NmeScholar]	Malayappan MEENAKSHI SUNDARAM
7	[NmeGuide]	J.Soundararajan
8	[NmeCoGuide]	R.Pattavarayan
9	[Dept]	Kuzhandai Maruthuvam
10	[Insti]	Government Siddha Medical College, Palayamkottai.
11	[Univ]	The Tamilnadu Dr.M.G.R. Medical University, Chennai
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.(Siddha)
16	[SubStudy]	
17	[Any another]	
18	[Abst]	The study was designed with the aim of evaluating a best and simple siddha drug for children to control dysentery, satisfying all the basic principles of siddha in a scientific background. About 20 selected cases of Dysentery admitted in the IPD of GSMC hospital, Palayamkottai, were studied under various criteria for proper diagnosis applying siddha diagnostic tools and they were treated with Kattathipoo Chooranam (fine powder of "Woodfordia fruticosa.Linn") for a period of 3 – 5 days. The drug was subjected to preclinical studies before administering to the human. The study revealed the good efficacy of the trial drug in controlling the amoebic and bacillary dysentery among children clinically and the properties of antidiarrhoeal, antimicrobial, styptic and astringent actions of the Study drug Kattathipoo were established. "Seethakazhichal" – a type of GI disorder in

children described in Siddha has close resemblance with both amoebic and bacillary dysentery, and the fine ground powder of Kattathipoo ("Woodfordia fruticosa.Linn") is found to be very effective in controlling Seethakazhichal.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	39
4	[ArtTitle]	*A STUDY ON GANDHAGA MEZHUGU*
5	[ArtEqEng]	A Study on Medicated Wax of Sulphur
6	[NmeScholar]	A. Rajendra Kumar
7	[NmeGuide]	M. Thinakaran
8	[NmeCoGuide]	P. Sampath Kumar
9	[Dept]	Gunapadam (Pharmacology)
10	[Insti]	Govt.Siddha Medical College, Palayamkottai
11	[Univ]	The Tamil Nadu Dr. M. G. R. Medical University, Chennai
12	[Year]	September 1999
13	[EnNo]	
14	[Lang]	Tamil & English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Branch II – Gunapadam (Pharmacology)
17	[Any another]	
18	[Abst]	Siddhars, the founders of Siddha system perceived and annunciated the use of metals and nonmetals as a remedy for various incurable ailments. Madhumegam [Diabetes Mellitus], which is one of the most dreadful disease and the Modern system of Medicine classifies this under metabolic diseases and describes only the palliative method of treatment. One among the significant remedial drug Gandhaga Mezhugu (GM) was selected to study its therapeutic value in the management of Madhumegam. GM was prepared with care and given to the in-patients and out patients at a dose of 200 mg. b.d, with water, before food. Bio-chemical analysis confirmed the presence of sulphate. The pharmacological analysis stated that the drug has got mild Hypoglycemic activity. The clinical studies showed 46 %of good improvement and 54 % of fair improvement. The drug was well tolerated by the patients without any adverse effects.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	10
4	[ArtTitle]	*A STUDY ON KAL-ADAIPU*
5	[ArtEqEng]	A Study on Urinary Lithiasis
6	[NmeScholar]	Eugene Wilson
7	[NmeGuide]	P. Jeyaprakash Narayanan
8	[NmeCoGuide]	M. Logamanian
9	[Dept]	Department of Pothu Maruthuvam (Internal Medicine)
10	[Insti]	Government Siddha Medical College and Arignar Anna Hospital , Chennai
11	[Univ]	The Tamil Nadu Dr. M.G.R. Medical University
12	[Year]	2002
13	[EnNo]	
14	[Lang]	English & Tamil
15	[Study]	M.D (Siddha)
16	[SubStudy]	Pothu Maruthuvam (Internal Medicine)
17	[Any another]	Presented in the II National Conference on Siddha Medicine, Organized by Aviltham, Chennai, entitled 'Clinical Trial Report on Kal-adaippu', July 2002, Abs. Vol., p.76.

18 [Abst]

Aim: Kal-adaippu is a common disorder of the present day society with increasing incidence day by day. The etiology of urinary stones remains speculative. By Siddha medicine, it is possible to achieve an as high as 10 fold reduction of recurrences. The aim of the present study is to assess prospectively the effectiveness of Siddha medicine clinically for the selected disease Kal-adaippu with the trial drugs Nandukkal (fossil crab stone) Chunnam (caustic oxide) and Manjitti (*Rubia cordifolia* L.) Churanam (medicated powder).

Materials and Methods: A collective and comparative study of the disease Kal-adaipu was made covering all aspects of the disease enclosing Siddha and Modern literature. A total of

40 subjects were included in the study from both the in-patient and out-patient department of Arignar Anna Hospital and Government Siddha Medical College, Chennai.

Observation & Results: The peak age incidence of urinary calculi was found in 20 to 40 years age group and male to female ratio was 3.5: 1.5. The prevalence of the disease was high among middle and upper class society that is 72.5 % subjects. Among dietary pattern, 85 % subjects consumed mixed diet. Seasonal incidence was maximal at karkalam (early rainy season) accounting to 62.5 %. Majority of patients 90 % hail from neithal nilam (coastal region). Diagnosis by envagai thervugal (eight diagnostic tools) revealed that siruneer (urine) was affected in all subjects due to keeznokku kaal (Air with downward motion) as it vitiates in its power. Renal calculi formed the majority group of 51.6 %. Regarding distribution, lower calyx was the commonest site in both males and females.

Amongst 40 subjects, stone expelled in 4 patients during urination and was analyzed. Two stones composed of calcium oxalate and non-oxalate calcium. The other two stones were in combination with phosphorous. In 20 patients, stones were dissolved or were reduced in size recorded via ultrasonogram and in remaining patients there was clinically a good prognosis. The sizes of the stones expelled were 12 mm, 8 mm, 6 mm (2 nos.) respectively.

Conclusion: The cost of treating the disease kal-adaippu is economical when compared to the recent advances and new modes of treatment. The clinical trial has proved that Nandukkal Chunnam and Manjitti Choornam (Lithontriptic & Lithuretic) was effective in 60 % subjects. Further, large trials are mandatory to validate the efficacy of test drugs and to understand the mechanism of action.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	23
4	[ArtTitle]	***A STUDY ON AAN MALADU (MALE INFERTILITY)***
5	[ArtEqEng]	
6	[NmeScholar]	S. Selvarajan
7	[NmeGuide]	P. Jeyaprakash Narayanan
8	[NmeCoGuide]	S. Logamanian
9	[Dept]	Department of Pothu Maruthuvam (General Medicine)
10	[Insti]	Government Siddha Medical College
11	[Univ]	The Tamilnadu Dr. M.G.R. medical university
12	[Year]	2002
13	[EnNo]	
14	[Lang]	Tamil and English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Pothu Maruthuvam (General Medicine)
17	[Any another]	
18	[Abst]	Siddha system of the medicine is one of the ancient and traditional one. In the Siddha system the treatment for the sexual disorders is highly successful by its drugs. One of the trusted manuscripts in Siddha medicine "Kannusamy parambarai Vaidyam" assures the treatment for "AAN MALADU" (male infertility) with Nilappanai Chooranam. Nilappanai chooranam is a poly herbal drug, which contains 7 medicinal plants. In this work inclusion and exclusion criteria's have been followed and the necessary investigations also done to conform the efficacy of the trial drug. Having completely convinced with literary evidences available in Siddha literatures, an effort has been taken to work on "ANN MALADU" (male infertility) in the post graduation dissertation work in Government Siddha Medical College at Arignar Anna Hospital of Indian Medicine Campus,

Arumbakkam, Chennai. In this work the team have made necessary steps to divulge some part of the disguised area of "AAN MALADU". It has been suggested that the average sperm count has been decreasing over the past 50 years due to Environmental toxins and specifically chemicals with oestrogen like activity (xenoestrogens) have been blamed for this change.

Producing ones own progeny is perhaps the most fulfilling object in human life. It is natural that anyone may like someone who resembles to him. The attraction, allurement and captivation are more when the progeny produced from by their own germ cells. In the world everyone is very anxious to reproduce their own. Infertility is severely affecting the couple's psychological harmony, sexual life and social function.

Though the infertility is a problem that affects men and women everywhere in the world, the incidence of infertility is comparatively higher in males. Usually the people who are suffering from the sexual problems are hesitating to express their views and complaints even to their close relatives and companions. Though, the modern era allows the patients to treat by adopting some advanced methods. The awareness about the therapy for sexual disorders is not familiar till date.

The main aim of the present study is to create awareness about the sexual disorders and to highlight the efficacy of Siddha medicine. In this dissertation undermining the public stigma on the male infertility patients is the primary objective. Besides, the scientific study of Siddha science and medicine is also our aim. With those intensions this attempt has been made.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	41
4	[ArtTitle]	***A STUDY ON PAANIKAMBAVATHAM***
5	[ArtEqEng]	A Study on Parkinson's Disease
6	[NmeScholar]	V. Vijaya kumar
7	[NmeGuide]	S. Eswaran
8	[NmeCoGuide]	
9	[Dept]	Department of Maruthuvam - Pothu (General Medicine)
10	[Insti]	Government Siddha Medical College, Palayamkottai, Tamilnadu
11	[Univ]	The Tamil Nadu Dr. M. G.R. Medical University, Chennai.
12	[Year]	March 2002
13	[EnNo]	
14	[Lang]	Tamil & English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Branch – I Maruthuvam Pothu
17	[Any another]	
18	[Abst]	PaanikambaVatham (Syn. Nadukku vatham) is one of the 85 varieties of Vatha diseases, classified by Yugimuni. The clinical entity of this disease correlates with that of Parkinson's disease. The selected trial drugs – Poonailkali vithai chooranam (Dry powder of seeds of Mucuna pruriens) and Kaantha chenduram (Calcined Oxide of Magnetite) were evaluated for their biological activity and safety. The pharmacological studies of the trial drugs revealed that these drugs possess Dopaminergic action, Muscle relaxant, Laxative and Anti-spasmodic activities in experimental animal models. In rodents, the trial drugs have shown positive picture in setting right the catecholamine production, thereby the passage of nerve impulses and muscle relaxation. The clinical study was conducted on 20 patients, between age

group 40-70 years, in IPD level. Among the selected 20 subjects, 60 % had Fair clinical improvement; 25 % had Moderate improvement and 15 % had Mild improvement. Clinically, the trial drugs were effective in reducing rigidity, akinesia, sialorrhoea and constipation.

No adverse drug reaction was reported during the study.

Key words: Paanikamba Vatham, Poonailkali vithai chooranam, Kaantha chenduram, Dopaminergic action.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	42
4	[ArtTitle]	***KABA PERUMPADU***
5	[ArtEqEng]	Carcinoma of Cervix
6	[NmeScholar]	C. Ponmuthu rani
7	[NmeGuide]	I. Sorna mariammal
8	[NmeCoGuide]	Thangamani
9	[Dept]	Noi-Nadal (Pathology)
10	[Insti]	Govt. Siddha Medical College, Palayamkottai
11	[Univ]	The Tamil Nadu Dr. M. G. R. Medical University, Chennai
12	[Year]	March, 2002
13	[EnNo]	32993006
14	[Lang]	Tamil & English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Branch V – Noi Nadal (Pathology)
17	[Any another]	
18	[Abst]	This study on “Kaba perumpadu” is a fatal disease, commonly occurs in multiparous woman which correlates with “Carcinoma of cervix”. To compare and study the pathology of kaba perumpadu with modern concepts of cervical cancer. According to yugi’s classification of perumpadu, “Kaba perumbadu” is one of the incurable types of disease with the characteristic picture of profused whitish blood discharge with offensive odour, Pallor over the body (due to anemia), Burning sensation all over the body, Palpitation, dyspnoea and cough with expectoration. The above signs and symptoms reflect the characteristic picture of “Kaba Perumpadu”. It is concluded from the above literary and clinical analysis, that Kaba perumpadu is a fatal disease commonly occurs in multiparous women affecting Cervix (Carcinoma of Cervix).

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	15
4	[ArtTitle]	***A STUDY ON SARANAI VEER (TRIANTHEMA PORTULACASTRUM LINN.) FOR AZHAL KEEL VAAYU (OSTEOARTHRITIS)***
5	[ArtEqEng]	
6	[NmeScholar]	R. Rathinamala
7	[NmeGuide]	K. V. Vaitheeswaran
8	[NmeCoGuide]	
9	[Dept]	Department of Pharmacology
10	[Insti]	Government Siddha Medical College, Chennai
11	[Univ]	The Tamilnadu Dr. M.G.R Medical University, Chennai
12	[Year]	2003
13	[EnNo]	32001608
14	[Lang]	English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Gunapadam (Pharmacology)
17	[Any another]	
18	[Abst]	Nowadays people are very much attracted towards herbal remedies due to minimal untoward side effects of the drug. The herbal drug eliminates the risk of side effects. In siddha literature, Saranai is a well known drug for vazhi disease which is not used in our day to day practice. This study includes collection of various Siddha literature, pharmacognostical study, biochemical analysis, microbiological study, pharmacological study and a clinical trial with Saranai veer chooranam (medicated powder) internally. The biochemical analysis of the drug shows that the test drug shows the presence of oxalate, potassium, ferrous iron and starch. Antimicrobial activity shows highly sensitive against staphylococcus aureus. Pharmacological study reveals that the test drug has moderate anti-inflammatory effect. The clinical trialresultisgoodandthedrughasnoadverseeffect.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	40
4	[ArtTitle]	***A STUDY ON ERI GUNMAM***
5	[ArtEqEng]	A Study on Reflux Oesophagitis
6	[NmeScholar]	V. Marygold Shyamala. N
7	[NmeGuide]	S. Eswaran
8	[NmeCoGuide]	Aathilakshmi
9	[Dept]	Department of Maruthuvam Pothu (General Medicine)
10	[Insti]	Government Siddha Medical College, Palayamkottai.
11	[Univ]	The Tamil Nadu Dr. M. G. R. Medical University, Chennai.
12	[Year]	March 2004
13	[EnNo]	
14	[Lang]	Tamil & English
15	[Study]	M.D (Siddha)
16	[SubStudy]	Branch – I Maruthuvam Pothu
17	[Any another]	
18	[Abst]	The morbid fear of chest pain in day-to-day clinical practice is rising now days. In recent day's young myocardial infarction are prevalent in our country. Acute gastritis episodes may sometimes reveal chest pain of cardiac origin or acute myocardial infarction may produce gastro intestinal symptoms such as retro sternal chest pain, diarrhoea, gastritis etc. So the differentiation of cardiac chest pain verses non – cardiac chest pain is very difficult. In order to produce awareness of non-cardiac chest pain as one of the clinical entity of Erigunmam (Reflux Oesophagitis) in clinical practice to help the suffers of the society, a detailed study on the clinical course of Erigunmam and its response to Siddha way of treatment with specific formula Athimathura Chooranam and Uppu Chenthuram were carried out. The aetiology, pathology, classification, clinical features,

diagnosis, complication, differential diagnosis, treatment, prognosis and other data were observed from available literatures from Siddha and modern system of medicines. The diagnosis of Erigunmam was made out by analyzing clinical signs, symptoms and differential diagnosis. 20 patients of either sex were selected as inpatients. In order to normalize the provoked Vazhi (Vadha) humour, laxative drug was given to all the patients on the first day. The next day, the trial drugs were given to the patients. The efficacy of the trial drugs Athimathura Chooranam and Uppu Chenthuram were studied and observed during the period of discharge. Majority of the patients were found to be satisfactory during the study period. The trial drugs had excellent pharmacological actions. The trial drugs were free from side effects, adverse effects and complications. All the selected patients showed complete reduction in signs and symptoms and sense of well being in further follow up periods. So Erigunmam is better treated with Athimathura Chooranam and Uppu Chenthuram.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	14
4	[ArtTitle]	***A STUDY ON AKAYATHAMARAI (PISTIA STRATIOTES LINN.) FOR KARAPPAN***
5	[ArtEqEng]	
6	[NmeScholar]	K. K. Omprakash
7	[NmeGuide]	K.V. Vaitheeswaran
8	[NmeCoGuide]	
9	[Dept]	Department of Gunapadam (Pharmacology)
10	[Insti]	Government Siddha Medical College
11	[Univ]	The Tamilnadu Dr. MGR Medical University, Chennai
12	[Year]	2004
13	[EnNo]	32011608
14	[Lang]	English
15	[Study]	M.D.(Siddha)
16	[SubStudy]	Gunapadam (Pharmacology)
17	[Any another]	
18	[Abst]	The Siddha system of medicine is based on three doshic theory. The alteration in the proportion of the three doshas leads to disease. Our Indian system of medicine treated the individual as a whole and not the isolated cause. The plant Akayathamarai was taken for the study to prove it's efficacy in treating Karappan (Allergic dermatitis). The drug was prepared as per the literature porulpanbu nool (mooligai). The prepared chooranam was used for biochemical analysis, microbial study, pharmacological study and clinical assessment. The Pharmacognostical study of Akayathamarai was also done. The Pharmacological study reveals very good anti-inflammatory and anti histaminic effect. In the clinical study, the chooranam administered internally at a dose of 1gm thrice daily with hot water after meals and akayathamarai thylum (medicated oil) externally which gives very good result. During the study the drug has not shown any adverse effect.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	34
4	[ArtTitle]	***A STUDY ON NEERPEENISAM AND ITS MANAGEMENT BY SINGATHI CHOORANAM (INTERNAL) & INGI THYLAM (BATH)***
5	[ArtEqEng]	
6	[NmeScholar]	M.Kannan
7	[NmeGuide]	Eswaran
8	[NmeCoGuide]	
9	[Dept]	Dept. Pothu Maruthuvam (Siddha - General Medicine)
10	[Insti]	Govt.Siddha Medical College, Palayamkottai, Tirunelveli, India
11	[Univ]	The Tamilnadu Dr.M.G.R. Medical University, Chennai-32, INDIA
12	[Year]	2004
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D. (Siddha)
16	[SubStudy]	
17	[Any another]	
18	[Abst]	

Aim :

To Study the disease of Neerpeenisam with clinical study is to collect and review the views and ideas of the ancient Siddhars about this disease and also to know the efficacy of the trial drug (Singathi chooranam – internal & Ingi thylam - bath) on Neerpeenisam

Materials and Methods :

Twenty patients of both sexes, of all age groups suffering from purely Neerpeenisam admitted in the IPD of GSMC Hospital, Palayamkottai, were selected and studied under various criteria for proper diagnosis applying Siddha diagnostic tools. During this study, detailed personal history, relevant past history, occupation, habits, clinical symptoms and their duration are obtained from each & every patient. Special precautions were taken to exclude other cases of sneezing and nasal discharge such as perennial rhinitis which is as common as allergic rhinitis. They were treated with Singathi Chooranam 1gm thrice a day for a period of 45 days. The Ingi thylam for bath in hot water, twice a week. The drug was subjected to preclinical studies before administering to the human being.

Result:

The study revealed the good efficacy of the trial drug in controlling the Neerpeenisam clinically. The trial drugs on pharmacological analysis reveals anti pyretic, Anti inflammatory, Anti histaminic and anti microbial properties. No adverse reaction has been reported. Further follow up of these patients, showed remarkable improvement and a sense of well being.

Conclusion:

"Neerpeenisam" – is described in Siddha has close resemblance with Allergic Rhinitis and in this clinical study, a fair clinical improvement was seen in 65% of the patients, 30% of moderate, and 5% of mild. Neerpeenisam is well manageable with Singathi chooranam and Ingi thylam.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	43
4	[ArtTitle]	*A STUDY ON SANTHU VATHAM*
5	[ArtEqEng]	Clinical Study on Chronic Poly arthritis
6	[NmeScholar]	H. Mubarak
7	[NmeGuide]	J. Indra devi
8	[NmeCoGuide]	P. Parthiban and K. Kanagavalli,
9	[Dept]	Department of Maruthuvam Pothu (General Medicine)
10	[Insti]	Government Siddha Medical College,Chennai-106
11	[Univ]	The Tamil Nadu Dr. M. G. R. Medical University, Chennai.
12	[Year]	March 2006
13	[EnNo]	32031106
14	[Lang]	Tamil & English
15	[Study]	M.D (S)
16	[SubStudy]	Branch – I Maruthuvam Pothu
17	[Any another]	
18	[Abst]	Santhu Vatham is one of the 85 varieties of Vazhi diseases, classified and described by Yugimuni. This disease is closely correlated with Poly arthritis which involves musculo-skeletal system of the body. Siddha system though it is a ancient one, the single and compound drug therapy which insist the DMARDS and the Kaya-karpam treatment which signifies the Immunomodulators are having the satisfactory results in treating the above condition. Thus it paves way for recent research in this area. This clinical study was conducted on 20 patients, between age group 20-70 years, by admitting the patients in In-patient Department. Rheumatoid arthritis and Osteo arthritis which are the commonest chronic types have been taken for this study. This clinical study reveals the remarkable therapeutic effect of Siddha preparations ***Keel Vayu Nivarana Churnam*** given

internally and ***Vatha noi*** (Medicated oil) externally for affected joints. Out of 20 patients 60 % had complete relief, 30 % had moderate relief and 10 % had mild relief.

This study reveals that the Siddha preparations used were having significant effect in the treatment of Santhu Vatham (Chronic Poly arthritis). The Chemical, Microbial, and XRF analysis have also been carried out to assess the efficacy of the preparations. No drug adverse reaction noticed during the study.

Key words: Santhu Vatham, Keel Vayu Nivarana Churnam, Vatha noi External Thylum, Chronic Poly arthritis, Rheumatoid arthritis, Osteo arthritis.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	35
4	[ArtTitle]	***ANTIVENOM ACTIVITY OF SEEDS OF STYCHNOS POTATORUM SOAKED WITH THE LATEX OF CALOTROPIS GIGANTEA LINN. AGAINST THE VENOM OF INDIAN RED SCORPION (HOTTENTOTTA TAMULUS FABRICIUS)***
5	[ArtEqEng]	
6	[NmeScholar]	Natarajan, K.
7	[NmeGuide]	Murugesan, M.
8	[NmeCoGuide]	Ilavarasan, R.
9	[Dept]	Dept. of Nanjunoolum Maruthuva Neethi Noolum (Siddha Toxicology)
10	[Insti]	National Institute of Siddha, Chennai -47, INDIA
11	[Univ]	The Tamilnadu Dr.M.G.R. Medical University, Chennai-32, INDIA
12	[Year]	2009
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D. (Siddha)
16	[SubStudy]	
17	[Any another]	
18	[Abst]	

Aim :

To study the Antivenom activity of seeds of Stychnos potatorum soaked with the Latex of *Calotropis gigantea* Linn. against the venom of Indian red scorpion (*Hottentotta tamulus* Fabricius)

Materials and Methods :

Indian red scorpion (*Hottentotta tamulus* Fabricius) venom was administered on Wistar albino rats of group I and group

II by intra dermal route. Distilled water was administered by intra dermal route for control group of animals. Neurotoxic symptoms like convulsions, catatonia, muscle fasciculation, hypnosis, analgesia, excitement and hemotoxic symptoms like blood stained lacrimation, urine and stools are noticed in group I animals. In the group II animals the Siddha drug *erukkam pâl* (Latex of *Calotropis gigantea* Linn.) was administered as an external application on the spot where the venom injected.

Result:

In the group II (treated with *erukkam pâl*) animals neurotoxic symptoms like convulsions, catatonia, muscle fasciculation, hypnosis, analgesia, excitement and hemotoxic symptoms like blood stained lacrimation, urine and stools are absent and also the time of death after the injection of venom was prolonged more than 4 times than that of group I (untreated) animals.

Conclusion:

Above results show the drug *erukkam pâl* (Latex of *Calotropis gigantea* Linn.) has an excellent antivenom activity against the venom. This is an important and very first attempt in Siddha toxicology to prove Siddha system of medicine has effortless, inexpensive herbal antidotes for scorpion envenomation.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	18
4	[ArtTitle]	***ANTIBACTERIAL PROPERTY OF FRUIT EXTRACT OF PIPER LONGUM LINN.***
5	[ArtEqEng]	
6	[NmeScholar]	R. Rathinamala
7	[NmeGuide]	R. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Biotechnology
10	[Insti]	Centre for Distance education
11	[Univ]	Bharathidasan University, Trichy
12	[Year]	2007
13	[EnNo]	05CD-18001
14	[Lang]	English
15	[Study]	M. Phil
16	[SubStudy]	Biotechnology
17	[Any another]	
18	[Abst]	To investigate the anti-bacterial activity of ethanolic extract of Piper longum Linn. The extract was prepared from dried fruit of Piper longum by hot continuous percolation method in Soxhlet apparatus. Ethanolic extract of Piper longum Linn. were tested for antibacterial efficacy against 8 important bacterial species. The ethanolic extract were found to be most effective and showed anti-bacterial activity against the tested species. The study scientifically supported the usage of Piper longum Linn fruits as a remedy for chronic bronchitis.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	16
4	[ArtTitle]	***INSILICO STUDIES OF ANTIGEN E (HEPATITIS B) AGAINST PRINCIPAL COMPONENTS OF PHYLLANTHUS NIRURI***
5	[ArtEqEng]	
6	[NmeScholar]	K. K. Omprakash
7	[NmeGuide]	S. Ophlia Puspha
8	[NmeCoGuide]	
9	[Dept]	Bio-informatics
10	[Insti]	
11	[Univ]	Bharathiar University, Coimbatore, Tamilnadu
12	[Year]	2007
13	[EnNo]	05-MBI-1061
14	[Lang]	English
15	[Study]	M. Sc
16	[SubStudy]	Bioinformatics
17	[Any another]	Inter disciplinary
18	[Abst]	Hepatitis B is an infectious disease of the liver. It is a serious health problem with more than two billion sufferers worldwide, around 350 million of which are chronic carriers of the disease. Associated risks include cirrhosis of the liver and liver cancer from which more than one million people die annually. The standard treatment for hepatitis B is alpha-2â-interferon which is expensive, has serious adverse effects and does not always prevent recurrence of the disease. Historically, Chinese herbal medicines have been used to treat liver disease, including chronic hepatitis B. The extracts of *Phyllanthus niruri* have potential effects in the treatment of Hepatitis B. Flavonoids and Lignans are the principal components of *P.niruri* and lots of pharmacological

effects have been demonstrated in inhibiting the levels of Antigen E in patients affected by Hepatitis B and treated using the extracts of *P.niruri*. To understand the binding mechanism of the newly derived flavonoids (Ellagic Acid and Niruriflavone) and Lignans (Phyllanthin, Hypophyllanthin, Niranthin and Neonintetralin) Molecular docking studies has been performed with Antigen E of Heptitis B virus using Autodock 4.0 software. These compounds show favorable interactions with the amino acid residues thereby substantiating their proven efficacy as anti-viral compounds. Complete utilization of the medicinal values of herbal plants with the use of similar bioinformatics approaches can take the science of pharmacology to another level. The use of similar approaches to identify the most active compound from the plant extracts will help in treating the diseases with the exact compound rather than using the crude extract.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	17
4	[ArtTitle]	***ANTIMICROBIAL ACTIVITY OF COCONUT SHELL EXTRACT (A COMPARATIVE STUDY)***
5	[ArtEqEng]	
6	[NmeScholar]	K. K. Omprakash
7	[NmeGuide]	K. Uma maheswari
8	[NmeCoGuide]	
9	[Dept]	Department of Biotechnology
10	[Insti]	Madras university, Guindy campus, Chennai
11	[Univ]	Madras university
12	[Year]	2006
13	[EnNo]	43830502
14	[Lang]	English
15	[Study]	P.G. Diploma in Herbal Biotechnology
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Majority of the people living in the developing countries almost exclusively use traditional medicines. The coconut shell was collected and broken into small pieces. Then oil was extracted by using conservative method. (Kuzhi thyla method).The ethanolic extract of the shell was prepared by using a Soxhlet apparatus. The extractions were performed as per the standard procedure. The residue was then dried, weighed and stored till further use. The bacterial strains tested includes *Salmonella paratyphi A, Salmonella paratyphi H, strain of Staphylococus spp(1), Staphylococus spp(2), Pseudomonas spp (1), , Pseudomonas spp (2), E.Coli and Klebsiella spp.* The *invitro* susceptibility testing was done by tube dilution method. Some of the bacterial species Salmonella paratyphi

A, Salmonella paratyphi H, strain of Staphylococus spp(1) had a MIC of 2 mg/ml and some of the Bacterial species), Staphylococus spp(2), Pseudomonas spp (1) and E.Coli had MIC of higher concentration of 8 mg/ml. The MBC value was slightly higher than the MIC values and ranged from 4 mg/ml to 8 mg/ml. The conservative extract showed more antibacterial activity than ethanolic extract. Literary evidences also confirmed the antimicrobial property of the seed oil and shell extract of the cocos nucifera linn. As the conservative oil has more bactericidal activity we must think have to utilize theprocessingtechnologyforitscompletedocumentation.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	44
4	[ArtTitle]	***TOXIC STUDIES ON BIOCHEMICAL PARAMETERS CARRIED OUT IN RATS WITH SERANKOTTAI NEI, A SIDDHA DRUG – MILK EXTRACT OF SEMECARPUS ANACARDIUM NUT***
5	[ArtEqEng]	
6	[Author]	T. Vijayalakshmi,
7	[Co-Author]	V. Muthulakshmi and P. Sachdanandam
8	[Journal]	Journal of Ethnopharmacology
9	[Dept]	Department of Medical Biochemistry
10	[Insti]	Dr. ALM Post-Graduate Institute of Basic Medical Sciences
11	[Univ]	University of Madras, Taramani Campus, Chennai
12	[Year]	2000 ; 69 (1) : 9-15
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	Experimental toxicology
17	[AnyOther]	
18	[Abst]	A toxicological study was carried out in rats with a Siddha preparation, milk extracts of Semecarpus anacardium nuts. The effect of acute (72 h) and sub-acute (30 days) treatment of the drug with different dosage on liver and kidney functions and hematological parameters were studied. The acute toxicity studies with this drug did not produce mortality at any dose level given (75–2000 mg/kg body weight). No marked adverse alterations were observed in hematological and biochemical parameters during the sub-acute toxicity studies (50, 100, 250 and 500 mg/kg body weight). In the sub-acute treatment, the highest dose (500 mg/kg body weight) alone showed a moderate increase in the level of blood glucose, plasma urea,

uric acid, and creatinine. In addition, alteration in lipid profiles were observed which may be attributed to the ghee preparation of the drug. Decrease in urinary urea, uric acid and creatinine levels were also observed. Histopathological examination of vital organs showed normal architecture suggesting no morphological disturbances.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	21
4	[ArtTitle]	***CONCEPT OF SIDDHA NUTRACEUTICALS***
5	[ArtEqEng]	
6	[Author]	G. Sivaraman
7	[Co-Author]	K. Rajalakshmi
8	[Journal]	ISHS Acta Horticulturae
9	[Dept]	Department of Biochemistry
10	[Insti]	Institute of Basic Medical Sciences
11	[Univ]	University of Madras
12	[Year]	2005 ; 680 : 153 - 155
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Siddha system of Medicine is one among the Indian systems of Traditional medicines. Like Ayurveda, a well-known Traditional Indian System of Medicine, Siddha also has its own philosophy, holistic approach, and life style oriented medicare concepts. As the total system is observed, developed and structured by ancient Tamil (one of oldest Indian Language) Scholars and Saints, this system is more prevalent among Tamil Speaking People, living in South India, and few south East Asian countries. The famous resolution of Alam Ata (1970) and Chiang Mai, were well dealt in the concepts of Siddha science many centuries before. Siddha system is more concerned about which type of man has the illness than which type of disease the man has. This Holistic and person oriented approach is the hallmark of this system and also this is the major disadvantage which prevented from scientific validations for many centuries. But the changing western

interests and lime light on herb drug industry, thrown light in many hidden traditional medical traits. In these attempts many Siddha recipes are nowadays screened by modern science and the efficiency of them are appreciated. In this new millennium Nutraceuticals, functional food and dietary food supplements are considered as more scopeful emerging fields in the herb drug industry. As food is medicine and medicine is food is one of the core philosophies of Siddha system of medicine, the Siddha concepts of Nutraceuticals have an edge in this field. This paper reviews and describes the concepts, standardization, commercial conversion and pharmacological and clinical efficacy of selected Siddha Nutraceuticals

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	02
4	[ArtTitle]	***THIRUMULAR—PIONEER OF THE IMMUNOLOGY CONCEPT.***
5	[Author]	R. Rajasekaran
6	[Co-Author]	Ala Narayana
7	[Journal]	Journal of Indian Institute of History of Medicine, Volume - 37
8	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
9	[Year]	2007
10	[Lang]	English
11	[Study]	
12	[Abst]	Extraordinary longevity of life, made possible by repeated reading and following of the text Thirumandiram 3000 - written by great Siddhar Thirumular. He the Prince of Mystics is one of the 18 luminous Siddhars and the first and foremost #1 Siva œiddhãndi. Historians and scholars predicted his life period between 5th to 8th centuries AD. In his teachings, he explained the kinds of 'Thavam' (Yoga) and he insisted the #2 'Kãya siddhi'. Thousands of years ago, he wrote in detail about Anatomy of microcosm, Siddha physiology, Humoural pathology, Science of pulse, Microcosmic Atom theory, Immunology concept and Immortalization of our body. His marvelous text Thirumandiram deals with Medical science, Life science, Natural science and Divine. In this article authors, discuss about the biography of Thirumular and his medical works.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	03
4	[ArtTitle]	Saṅkamuṉi Viṣa Vaithiyam 100 - A BOOK REVIEW
5	[Author]	R. Rajasekaran
6	[Co-Author]	A.Rajendra kumar, K.Suresh and Ala Narayana
7	[Journal]	Journal of Indian Institute of History of Medicine, Volume - 37
8	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
9	[Year]	2007
10	[Lang]	English
11	[Study]	
12	[Abst]	Promulgating the Manuscripts as an edited, translated and published version leads to the dissemination of ancient *Siddha* Medical knowledge. Accordingly the Central Council for Research in Ayurveda and Siddha has given an elevation to the valuable branch of Siddha Toxicology by adding to its credit the translated works of a Tamil book **Saṅkamuṉi Viṣa Vaithiyam-100** published in English & Hindi. The original Tamil manuscript of this book written by the great sage **Siddhar Saṅkamuṉi** was published in Tamil (1991). The distinctiveness of this book is that, it describes some specific antidotes for various poisons ingested as well as for poisonous stings of several toxic creatures and insect bites. This book also deals with the therapeutic usage of drugs for many Chronic disorders such as Cancer, Venereal diseases, Musculo skeletal diseases and Skin diseases. This is an introductory article to encourage the Researchers to analyse the contents of the book and validate the various antidotes by means of experimentation so as to substantiate the extensive knowledge of Siddhars in an uncommon field like Toxicology also.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	11
4	[ArtTitle]	***HERBS USED IN SIDDHA MEDICINE FOR ARTHRITIS - A REVIEW***
5	[ArtEqEng]	
6	[Author]	Eugene Wilson
7	[Co-Author]	G.V Rajamanickam, Neera Vyas, A. Agarwal & G.P Dubey
8	[Journal]	Indian Journal of Traditional Knowledge
9	[Dept]	Centre for Advanced Research in Indian System of Medicine (CARISM)
10	[Insti]	
11	[Univ]	SASTRA University, Thanjavur
12	[Year]	2007 ; 6(4) : 678- 686
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	Literary Research
17	[AnyOther]	
18	[Abst]	Plants used in Siddha system of medicine for arthritis has been studied from various Siddha literatures and are presented hereunder. The particulars of herbs used with its botanical name, vernacular name (Tamil), family, parts used, administration form and indication are tabulated. This information provides immense potential for studying their activity for arthritis both in pre-clinical and clinical stages, which lead to the preparation of useful pharmaceutical products.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	08
4	[ArtTitle]	***MEDICO-HISTORICAL STUDY OF A SIDDHA MEDICINE – " ELL (Sesamum indicum Linn.)"***
5	[Author]	A. Gomathi
6	[Co-Author]	R. Rajasekaran and Ala Narayana
7	[Journal]	Journal of National Institute of Siddha, Chennai, Volume -1
8	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
9	[Year]	2008
10	[Lang]	English
11	[Study]	
12	[Abst]	Ell (*Sesamum indicum* Linn.) is one of the oldest cultivated plants in the world. It is cultivated in India since about 2000BC. It was perhaps introduced in to India by the earliest human migrants from Africa. Charred remains of Ell at Harappa excavations (3600-1750 BC) indicate that it was in cultivation during the Indus valley civilization. In Atharvaveda it is mentioned (Hymn CXL-2) as a food to a child and according to 'Brahmapurana' Ell was created by Yama (the king of death) after prolonged penance. The Ell has been an essential article in Hindu religious ceremonies and has been referred to as Homodhanya and Pitrudarpana in ancient scripts.The Sanskrit word 'Taila' (Oil) is derived from 'Tila' (*Sesamum indicum* Linn.) its Tamil equivalent is 'Ennai', which is a combination of two words 'Ell' and 'Nei' which respectively denotes 'Sesame seeds' and 'ghee or oil or fatty material'. Ell & its oil are using widely in Siddha system of Medicine and the Siddha materia medica mention three varieties of Ell seeds namely black, white and red, of these black is regarded as the best and suitable for medicinal use. As per the Siddha system Ell & its oil are useful for the treatment of backache, constipation, amenorrhea, dysentery, dysmenorrhoea, mouth ulcers, gingivitis, hair loss, and dry cough and cold. Current research leads reveals that the Ell oil has reducing effect on

cholesterol and prevents coronary heart disease. Several Siddha and Ayurveda drug preparations prepared by using Ell oil as s base. Due its excellent nutritional, medicinal, cosmetic and cooking qualities of Ell oil it has been called as ***"Queen of oils"***. This article discus about the importance of Ell in world's history, references noted from Medical classics & Non-Medical classics (Vedas, Puranas, etc.,), therapeutic descriptions from Siddha Medicine and its various therapeutic values.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	09
4	[ArtTitle]	***ACUTE ANTI-INFLAMATORY ACTIVITY OF Clerodendrum phlomidis Linn. LEAVES***
5	[Author]	A. Gomathi
6	[Co-Author]	R. Rajasekaran and Ala Narayana
7	[Journal]	The Journal of Reseach and Education in Indian Medicine, Varnasi, Volume – XIV : 3
8	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
9	[Year]	July – Sept 2008
10	[Lang]	English
11	[Study]	
12	[Abst]	Acute anti-inflammatory study on the leaves of *Clerodendrum Phlomidis* Linn. was evaluated in albino rats by Hind paw method. In Tamil and Siddha system of Medicine, this drug is known as "Thazhuthazhai, Takkari, Thalangi, Vathamatakki" and useful for the treatment of inflammation, nasal congestion, fever, joint disorders and tumours. For the investigation purpose, the extract of the drug was prepared by decoction method with 4:1 ratio, 10 gm of dried powder of the leaves added into 40 ml of water, then boiled and reduced into 10 ml. Nine healthy albino rats of either sex were divided into 3 groups, consists of 3 each. Group I served as a *'Control'*, Group II received the *'Test drug'* (*Clerodendrum Phlomidis* Linn.) and Group III served as the *'Standard'*. The evaluation was done by Hind paw method and compared with the standard and control groups. The drug shows significant "Acute anti-inflammatory activity" (44%) when compared with the standard (66%).

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	46
4	[ArtTitle]	***SIDDHA MEDICINE—BACKGROUND AND PRINCIPLES AND THE APPLICATION FOR SKIN DISEASES***
5	[ArtEqEng]	
6	[Author]	J. Joseph Thas
7	[Co-Author]	
8	[Journal]	Clinics in Dermatology
9	[Dept]	
10	[Insti]	Friends of Siddha Medicine, Tirunelveli,
11	[Univ]	
12	[Year]	2008 ; 26 ; 62–78
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Siddha medicine is one of the most ancient medical systems of India. Siddha is the mother medicine of ancient Tamils/Dravidians of peninsular South India. The word Siddha means established truth. The persons who were associated with establishing such a Siddha school of thought were known as Siddhars. They recorded their mystic findings in medicine, yoga, and astrology in Tamil. Fundamental Principles of Siddha include theories of Five Elements (Aimpootham), and Three Forces/Faults (Mukkuttram). The Eight Methods of Examination (Envakai Thervukal) is used to determine diagnosis, etiology, treatment and prognosis. Siddha has safe herbal and herbo mineral treatment for psoriasis, eczema, alopecia, diabetic ulcer, warts, vitiligo, pemphigus, pompholyx, leprosy, and many more very common and rare diseases. Lifestyle modifications including diet are important.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	04
4	[ArtTitle]	***THE ROOTS OF SIDDHA SYSTEM OF MEDICNE IN 'THIRUVASAGAM' (AN EVIDENCE BASED LITERARY STUDY)***
5	[ArtEqEng]	
6	[Author]	R. Rajasekaran
7	[Co-Author]	A. Gomathi, M. Kannan and Ala Narayana
8	[Journal]	Journal of Indian Institute of History of Medicine, Volume - 39
9	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
10	[Insti]	
11	[Univ]	
12	[Year]	2009
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Thiruvasagam is the collection of poems praising Lord Shiva by the great saint Manikka Vasagar. The poems are filled with dripping emotional words lead to poetic beauty. In Tamil Language the word 'THIRU' signifies divine sanctity, a word of magnetic charm, connotes Perfection, Holy, Beauty, Wealth, Great, Blessed and the word 'VASAGAM' denotes that rhythmical expression/arrangement of words. Thiruvasagam is considered as holy book and treasure of 'Saivam' which contains one of the doctrines of 'Saiva Siddhantham'. Saivam is the way of life that worships Lord Shiva and it is the old religion of South India existing from pre-Aryan times. Saiva Siddhantham is the most elaborate, influential, most intrinsically doctrine of Saivam and it deals with great attempt

to regulate the problems of Soul, Body, Humanity, Sufferings, Nature, Evil and the unseen world. As per the origin and historical aspects of Siddha System of Medicine, ***Lord Shiva is the founder of this System***. The Siddha System of Medicine having its important roots like basic principles, fundamentals, etc., into the Saiva Siddhantham. This article describes about the various information in Thiruvasagam which are having prominent influences with Siddha System of Medicine with particular references from both sides (Thiruvasagam texts / Siddha classics) for each and every contents in this article which will enable for further researches/ academic purposes.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	05
4	[ArtTitle]	***MEDICO HISTORICAL STUDY OF A SIDDHA DRUG 'VILVAM' (Aegle marmelos Linn.)***
5	[ArtEqEng]	
6	[Author]	R. Rajasekaran
7	[Co-Author]	A. Gomathi and Ala Narayana
8	[Journal]	Journal of Indian Institute of History of Medicine, Volume - 39
9	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
10	[Insti]	
11	[Univ]	
12	[Year]	2009
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Vilvam (in Tamil Language) is an important tree and its parts are being used as drugs in Siddha System of Medicine. Its Botanical Name is '*Aegle marmelos* Linn.' it belongs to the Family 'Rutaceae', Sanskrit name is 'Bilva', English names are 'Wood apple, Stone Apple, Holy fruit tree' and the Indian names are 'Bael, bhel, bilwa, belaphal, Bengal Quince'. This is a medium-sized tree occurring in the plains and upto 1000m. in the hills as well as cultivated throughout the country particularly in sacred grooves. As per the Hindu religion mythology the leaves of this tree are being offered to Lord Shiva by his devotees. As per the origin and historical aspects of Siddha System of Medicine, Lord Shiva is the founder of this System. This article describes about the Medico-Historical study of the drug Vilvam with literature collections from Non-Medical literatures (Vedas, Ithikasas, Puranas, etc), Medical literatures (Siddha, Ayurveda, Traditional Medicines, etc) and Botanical aspects.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	07
4	[ArtTitle]	***TRACKS OF SIDDHA MEDICINE IN ANDHRA PRADESH***
5	[Author]	Ala Narayana
6	[Co-Author]	T. Saketram and R. Rajasekaran
7	[Journal]	Journal of Indian Institute of History of Medicine, Volume - 39
8	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
9	[Year]	2009
10	[Lang]	English
11	[Study]	
12	[Abst]	There are various theories and postulates regarding the originating place of *Siddha* medical tradition. Invariably owing to its current spread and wide practice in Tamil Nadu, it is very natural to attribute the origins to Tamil land. In one way this concurrence has helped it to survive in its original form as it guaranteed credibility, state support even today. On the contrary it also has limited its scope to only Tamil Nadu which in reality reduces its status to only a regional variant of medical form which is not desirable. A review in the history of *Dravida* land down south of *Vindhya* mountains, Eastern ghats covering Andhra Pradesh (across Orissa Borders), Karnataka, Tamil Nadu and Kerala together paint a different picture. When this total region is considered as a unit and try to track the history, geography, cultural and religious links we get an altogether different picture of *Siddha sampradaya*, covering a much wider geographical territory than just to Tamilnadu. This article makes a humble attempt to trace such links of *Siddha sampradaya* (tradition) from Andhra Pradesh. In the process it attempts to narrate the relationship of places like *Mahendragiri* (of Srikakulam district, Andhra Pradesh) with sage *Agastya* (one of the very important *Siddha*rs of *Siddha* medicine) and possible origins of very old common religion

(*Shaiva Siddha*nta) propagated by *Dakshinamurti*, through his four disciples from this place. An attempt is made to look into possible links from *Jaina* literature and relevant resources to substantiate the points. In Andhra Pradesh we find many Archeological sites which show the evidences to the presence of *Shiva* and *Siddhanta* worship. A small survey of names of villages of Andhra Pradesh, district wise has been attempted at the end of the article to demonstrate how closely many places are distributed through out the state bearing names like *Siddha*, *Sangam, Nandi* which are still used in the same sense as they were used from time immemorial. Like in the case of ***Bhakti*** movement, cultural traditions Andhra Pradesh and Tamil Nadu share a common legacy to share with each other. The tracks of *Siddha* medicine, *Siddha sampradaya* are very clear everywhere in Andhra Pradesh. This paper welcomes scholars working on the topics related to *Siddha*, to take up further studies in this direction and enrich the *Siddha* literature.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	06
4	[ArtTitle]	***'DIGITIZATION' - A VERSATILE PRESERVATION METHOD FOR SIDDHA MEDICAL MANUSCRIPTS*** ***(Its importance & initiative step for Siddha Physicians / Public)***
5	[ArtEqEng]	
6	[Author]	R. Rajasekaran
7	[Co-Author]	A. Gomathi and Ala Narayana
8	[Journal]	Special magazine published for World Siddhar Day, National Institute of Siddha, Chennai
9	[Dept]	National Institute of Indian Medical Heritage, Hyderabad
10	[Insti]	
11	[Univ]	
12	[Year]	2009
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In this age of communication and information technology there are enormous avenues for the optimum utilization of our traditional heritage **objects** (mentioned later) to benefit the end-users. Accordingly these objects are to be made available for free accessibility and wider use. The ***aim*** of the present paper is to elucidate the concepts of publishing "Static" objects into 24X7 available, active, interactive, resourceful "dynamic" objects. So as to achieve the expected goals **Digitization** is the appropriate and versatile method of preservation to slot in the objects into Virtual Research Environment **(VRE)**. The ***content*** of this paper describes about step-by-step digitization procedures starting from physical digitization i.e., source

document assessment, cherry-picking decisions, robustness and cost analysis, selection of digital converter and technology behind that, virtual object enhancement process, digitizing standards, quality maintenance, compression and storing technology. This paper also explains the following topics with suitable examples - the protocol of adding object attributes into the form of metadata, using Unicode format, dataset, database, relational database, easy way to retrieve, query search, propagate and publish through the web. This paper ***concludes*** that Full-Digitization of traditional heritage objects is an essential hybrid method of preservation. It would be secure, adaptable, flexible, resourceful, multi-purpose, interactive, information intense, that always available and part of emerging technology.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	45
4	[ArtTitle]	***STUDY ON EFFICACY OF SIDDHA DRUGS (CL AND CEN) IN RHEUMATOID ARTHRITIS***
5	[ArtEqEng]	
6	[Author]	B. Muthukumar
7	[Co-Author]	
8	[Journal]	Indian Journal of Traditional Knowledge
9	[Dept]	
10	[Insti]	Central Council for Research in Ayurveda and Siddha, New Delhi
11	[Univ]	
12	[Year]	2009 ; 8 (3) : 446-448
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	Clinical Trial
17	[AnyOther]	
18	[Abst]	Siddha system, a traditional Indian Systems of Medicine, noticed much of the musculo-skeletal disorders, termed as *Vatha* diseases, under which joint diseases were put as *Keel vayu*. *Vali azhal keelvayu* is one among the types of *keel vayu*. In ancient Siddha texts, various causative factors, clinical features as well as the treatment methodology for the disease *vali azhal keelvayu* were broadly explained. This condition was well correlated with the disease rheumatoid arthritis, for which there is no curative drugs. So, two poly-herbal Siddha drugs (for internal and external use), were tried in a clinical trial as well as pharmacological, biochemical analysis in order to prove the efficacy of these drugs in rheumatoid arthritis, which revealed a positive answer.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	24
4	[ArtTitle]	***ANTI-MICROBIAL ACTIVITY OF ASPARAGUS RACEMOSUS, CURCULIGO ORCHIOIDES AND TINOSPORA CARDIFOLIA AGAINST COMMON MICRO-ORGANISMS***
5	[ArtEqEng]	
6	[Author]	N. Raaman
7	[Co-Author]	S. Selvarajan, D. Balakrishnan, G. Balamurugan
8	[Journal]	BioTechnology: An Indian Journal,
9	[Dept]	
10	[Insti]	Central Research Institute for Siddda, Arumbakkam,Chennai
11	[Univ]	
12	[Year]	May 2009, 2 pp.
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In the present study, Asparagus racemosus Willd. (Roots), Curculigo orchioides Gaerten. (Rhizomes) and Tinospora cardifolia Miers. (Stems) were dried, powdered together and extracted with methanol and the extract was studied for both antibacterial and anti fungal activities by paper disk diffusion method of analysis. The extract exhibited significant anti bacterial and anti fungal activities. Minimum Inhibitory concentration (MIC) required for the inhibition of microbial growth was also determined.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	25
4	[ArtTitle]	***ACORUS CALAMUS LINN. INHIBITS THE GROWTH OF GASTRO-ENTERITIC ORGANISMS; A NEW HOPE FOR DIARHHOEAL TREATMENT***
5	[ArtEqEng]	
6	[Author]	D. Balakrishnan ,
7	[Co-Author]	G. Balamurugan , S. Selvarajan
8	[Journal]	International Journal of Pharmaceutical Sciences
9	[Dept]	
10	[Insti]	CCRAS, 61-65, Institutional area, Janakpuri, New Delhi-58
11	[Univ]	
12	[Year]	2009; 1(1) : 55-58
13	[EnNo]	
14	[Lang]	
15	[Study]	Siddha Medicine
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The rhizomes and leaves of the plant Acorus calamus Linn. Was dried and powdered. The powder was added to nutrient agar and Brain Heart Infusion agar media in different concentrations to test the efficacy against gastro-enteritic microorganisms. The plant possessed significant anti-bacterial effect against all the tested organisms and moderate activity against S. paratyphi. Thus the plant was found to possess an immense potential as an anti diarrhoeal agent.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	26
4	[ArtTitle]	***PRELIMINARY PHYTOCHEMICAL SCREENING AND ANTHELMINTIC ACTIVITY OF INDIGOFERA TINCTORIA LINN***
5	[ArtEqEng]	
6	[Author]	Gunasekaran Balamurugan
7	[Co-Author]	Shinnaraj Selvarajan
8	[Journal]	Int. J. Drug Dev. & Res
9	[Dept]	
10	[Insti]	Central Council for Research in Ayurveda and Siddha, Janakpuri, NewDelhi-58
11	[Univ]	
12	[Year]	Sep-Dec 2009;1(1):157-160
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Extracts from the whole plant of Indigofera tinctoria Linn were investigated for their anthelmintic activity against Pheretima posthuma. Various concentrations (50 and 100 mg / ml) of each extract were tested in the assay, which involved the determination of paralysis time and death time of the organisms. The methanol extract exhibited a maximum anthelmintic activity comparable to standard drug Piperazine citrate (10 mg/ml). The petroleum ether and chloroform extracts exhibited a modest activity. The Preliminary phytochemical analysis indicated the presence of various phyto-constituents in all the tested extracts.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	27
4	[ArtTitle]	***IN VITRO CYTOTOXIC AND ANTI TUMOUR ACTIVITIES OF THREE INDIAN MEDICINAL PLANTS***
5	[ArtEqEng]	
6	[Author]	N. Raaman ,
7	[Co-Author]	Selvarajan S., Gunasekaran C.P., Varalakshmi Ilango, Md. Iliyas and Balamurugan G.
8	[Journal]	Pharmacology online
9	[Dept]	
10	[Insti]	Central Research Institute for Siddha, Chennai
11	[Univ]	
12	[Year]	2009 ; 2: 382-388
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The cytotoxic and anticancer activities of the combined methanolic extract of Asparagus racemosus, Curculigo orchioides and Tinospora cordifolia was carried out using Vero cell line and Hep$_2$ cell line respectively, at various doses ranging from 10 to 800 ìg in the confluent culture. The combined methanol extracts of A. racemosus, C. orchioides and T. cordifolia showed cytotoxic activity only from 700 ìg concentration and exhibited the anticancer activity even from 100 ìg concentration, which indicate the safety on the normal cells and efficacy on the cancer cells which may be due to the possibility of synergistic effects.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	28
4	[ArtTitle]	*ANTIMICROBIAL ACTIVITY AND NUTRITIONAL ANALYSIS OF TINOSPORA CARDIFOLIA MIERS*
5	[ArtEqEng]	
6	[Author]	N.Raaman
7	[Co-Author]	S. Selvarajan, D.Balakrishnan, G. Balamurugan
8	[Journal]	Natural Products An Indian Journal
9	[Dept]	
10	[Insti]	Central Research Institute for Siddda, Arumbakkam,Chennai
11	[Univ]	
12	[Year]	2009 ; 5(2) : 37-39
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In the present study, Tinospora cardifolia Miers. [Family:Menispermaceae] stems was extracted with methanol and the extract was studied for both antibacterial and anti fungal activities. The extract exhibited significant anti bacterial and anti fungal activities and Minimum Inhibitory concentration (MIC) was determined, further the powder was subjected to evaluation of nutritive factors and the plant serves to be a good nutritional supplement.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	29
4	[ArtTitle]	***PRELIMINARY PHYTOCHEMICAL SCREENING, ANTIMICROBIAL ACTIVITY AND NUTRITIONAL ANALYSIS OF METHANOL EXTRACT OF CURCULIGO ORCHIOIDES GAERTEN RHIZOMES***
5	[ArtEqEng]	
6	[Author]	N. Raaman
7	[Co-Author]	S. Selvarajan, D. Balakrishnan and G. Balamurugan
8	[Journal]	Journal of Pharmacy Research
9	[Dept]	
10	[Insti]	Central Research Institute of Siddha, Arumbakkam, Chennai.
11	[Univ]	
12	[Year]	2009 ; 2(7) : 1201-1202
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The rhizomes of the plant Curculigo orchioides Gaerten. was extracted with methanol by soxhlet extraction. The extracts were vaccum dried and subjected to antibacterial (Staphylococcus aureus, Bacillus cereus, Escherichia coli and Pseudomonas aeruginosa) and antifungal (Aspergillus niger and Candida albicans) screening by agar disc diffusion method. Minimum inhibitory concentration required for the cessation of the microbial growth was also evaluated. Preliminary phytochemical screening was performed to identify the different phytoconstituents and nutritional analysis was carried out to evaluate the concentration of nutritive factors. The extract exhibited moderate activity against the bacterial strains

but significant activity was noticed against the fungal organisms. Concentrations of various nutritive factors were determined and proved a good source of nutritional supplement.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	30
4	[ArtTitle]	***ANTI EPILEPTIC ACTIVITY OF POLY HERBAL EXTRACT FROM INDIAN MEDICINAL PLANTS***
5	[ArtEqEng]	
6	[Author]	G. Balamurugan
7	[Co-Author]	P. Muralidharan and S. Selvarajan
8	[Journal]	Journal of Scientific Research
9	[Dept]	
10	[Insti]	Captain Srinivasa Murthi Drug Research Institute for Ayurveda, CCRAS, Chennai
11	[Univ]	
12	[Year]	2009 ; 1(1) : 153-159
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	With the introduction of allopathic drugs, the use of crude drugs from medicinal plants is on the decline and subsequently this traditional knowledge may be lost in the near future. In the present study, a poly herbal extract comprising of Withania somnifera Dunal, a medicinal plant used in many neuro protective Ayurvedic preparations along with five other medicinal plants were evaluated for its protective effect against seizures induced by Maximal Electro shock (MES) method in rats. A daily dose of 250 and 500 mg/kg of the extract was administered to the animals for 15 days, after which seizures were induced by Maximum electro shock method and the duration of various phases of epileptic attacks were recorded and compared with the control animals. A significant (P<0.01

and $P<0.001$) reduction in the time taken for righting reflex (recovery) was noted in the experimental animals. The levels of biogenic amines such as dopamine, serotonin and nor-adrenaline in the forebrain region were also estimated and a significant level of restoration was observed in the extract treated animals. Significant results were observed in the estimated parameters thereby justifying the use of these medicinal plants in the treatment of epilepsy.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	31
4	[ArtTitle]	***IN VITRO CYTOTOXIC AND ANTICANCER ACTIVITIES OF CURCULIGO ORCHIOIDES GAERTEN. RHIZOMES***
5	[ArtEqEng]	
6	[Author]	N. Raaman
7	[Co-Author]	S. Selvarajan, C.P. Gunasekaran, Varalakshmi Ilango, Md Illiyas, G. Balamurugan
8	[Journal]	Journal of Pharmacy Research
9	[Dept]	
10	[Insti]	Central Research Institute for Siddha, Arumbakkam, Chennai
11	[Univ]	
12	[Year]	2009, 2(8),1272-1273
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The rhizomes of the plant Curculigo orchioides Gaerten. was extracted with methanol by Soxhlet extraction. The extracts were vacuum dried and subjected to cytotoxic and anticancer activities on cultured cell line. Preliminary phytochemical screening was performed to identify the different phytoconstituents. From the results it was evident that the plant C. orchioides neither acts as an anti cancer or cytotoxic agent.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	20
4	[ArtTitle]	***DYSLIPIDEMIC EFFECTS OF THE ETHANOLIC EXTRACT OF TINOSPORA CORDIFOLIA ON ALLOXON INDUCED DIABETIC RATS***
5	[ArtEqEng]	
6	[Author]	K. Rajalakshmi,
7	[Co-Author]	G. Vani, Niranjali Devaraj, K. Meer Musthafa Hussain
8	[Journal]	Journal of Siddha
9	[Dept]	Department of Siddha
10	[Insti]	
11	[Univ]	The Tamilnadu Dr. M.G.R. Medical University, Guindy, Chennai- 600 032.
12	[Year]	2010 ; 2 : 18-28 (ISSN 0974-7001)
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	Experimental Pharmacology
17	[AnyOther]	The work was done as part of the course for PG Diploma
18	[Abst]	**Objectives:** The aim of this study is to demonstrate the effects of ethanolic extract of *Tinospora cordifolia* (EETC) on diabetic-dyslipidemic rats. **Study design:** Hypoglycemic and hypolipidemic activities of the ethanol extract of EETC were evaluated in normal and alloxan-induced diabetic rats. The rats were coded into control group (I), drug control group (II), Induced group (III) and treated group (IV). EETC 200 mg/kg body weight was administered in 1 % gum acacia through oral gavages for two weeks. The efficacy outcomes were demonstrated by measuring the mean change in blood glucose level, body weight changes, lipid profiles and lipo-proteins after the treatment period.

Results: A significant reduction in blood glucose ($p < 0.001$) and considerable increase in body weight ($p < 0.001$) was observed compared to control group animals. An activity of LDH is estimated in serum and cardiac tissue of control and experimental animals. Levels of total cholesterol, ester cholesterol, free cholesterol, free fatty acids, triglycerides and phospholipids and the levels of lipoproteins in serum of control and experimental animals was estimated. In induced group animals, a significant increase ($p <0.001$) in the levels of LDL and VLDL, and a decrease ($p <0.001$) in the levels of HDL were observed compared to control group animals. The treated group animals exhibited significant increase ($p <0.001$) in HDL and significant decrease ($p <0.001$) in the levels of LDL and VLDL compared to induced group animals.

Conclusion: The significance in the above results suggests the hypolipidemic effect of *Tinospora cordifolia* in experimental diabetic rats.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	32
4	[ArtTitle]	***DIURETIC ACTIVITY OF ABUTILON INDICUM LINN (SWEET) SEED EXTRACT***
5	[ArtEqEng]	
6	[Author]	Gunasekaran Balamurugan,
7	[Co-Author]	Shinnaraj Selvarajan, Dhanapal Balakrishnan, Palayan Muralidharan
8	[Journal]	Journal of Herbal Medicine and Toxicology
9	[Dept]	
10	[Insti]	CCRAS, 61-65 Institutional area, Janakpuri, NewDelhi-58
11	[Univ]	
12	[Year]	2010 ; 4 (1) : 49-52
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study was carried out to evaluate the diuretic effect of Abutilon indicum Linn. seed extract in rats. Diuretic and Natriuretic activities were carried out by administration of normal saline along with the treatment modules. The volume of urine (in ml) and the Na+ and K+ content in the urine were measured. The extract at 200 and 400 mg / kg, produced significant dieresis and increased sodium elimination but not potassium. Thus the study elucidates that aqueous extract of A. indicum posses significant diuretic and natriuretic effect but not a potassium sparing effect.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	12
4	[ArtTitle]	***REFLECTIONS OF SIDDHA TRADITIONAL SYSTEM OF MEDICINE IN THE EMERGING FIELD OF GEOLOGY***
5	[ArtEqEng]	
6	[Author]	Eugene Wilson
7	[Co-Author]	
8	[Journal]	Monograph of IGC's Thirteenth Professor Jhingran Memorial Lecture
9	[Dept]	
10	[Insti]	National Institute of Indian Medical Heritage, Hyderabad
11	[Univ]	
12	[Year]	2010, 45 pages.
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	Medical Geology
17	[AnyOther]	
18	[Abst]	According to W.H.O., traditional medicine refers to health practices, approaches, knowledge and beliefs incorporating plant, mineral and animal based medicines, spiritual therapies, manual techniques and exercises, applied singularly, or in combination to diagnose, treat and prevent illnesses or maintain well-being. The Indian subcontinent with one of the oldest civilization harbours several traditional health care systems, namely, Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH). Amongst them, Siddha Medicine is prevalent mostly in southeastern parts of India, being popular among the Tamil-speaking people even beyond the sub-continent. Its literature is entirely in Tamil. Murthy (2004) states that Siddha medicine originating in Tamil Nadu uses

minerals to the extent of 90 %. History of Indian alchemy can be traced to pre-Vedic period. The archaeological excavations at Mohenjodaro and Harappa in the Indus valley have brought to light that the people in ancient India were conversant with the knowledge of chemistry. In Vedic period, herbs were prescribed singly. Minerals and animal substances were also prescribed but compound preparations were not in use. Alchemy was practiced for the preparation of an elixir of life for imparting immortality and later for the transmutation process for converting base metals into gold. Indian alchemy derived its colour and flavour to a large extent from the Tantric cult. Then, during the *iatro-chemical* (medical chemistry of the 1500 and 1600) period all the previous accumulated alchemical ideas were put into something more practical and tangible. A number of preparations of mercury and other metals were evolved as helpful accessories in medicine. Siddha medicine prominently used metals with perceptions of geology, which will be explained along with lacuna, gap areas and due emphasis will be given in the form of suggestions and recommendations.

1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	13
4	[ArtTitle]	***SIDDHA: CONCEPT, HERBAL AND VARMA (MARMA) THERAPY***
5	[ArtEqEng]	
6	[Author]	Eugene Wilson,
7	[Co-Author]	R.J Antony Raj and M. A. Kumar
8	[Journal]	Special volume of 11th International Ayurveda Symposium, Birstein organized by the European Academy of Ayurveda, Germany
9	[Dept]	
10	[Insti]	
11	[Univ]	
12	[Year]	September 2009
13	[EnNo]	
14	[Lang]	English
15	[Study]	Siddha Medicine
16	[SubStudy]	
17	[AnyOther]	Page 50-51
18	[Abst]	Traditional Indian Medicine (TIM) is referred by the acronym 'AYUSH' representing 'Ayurveda', 'Yoga', 'Unani', 'Siddha', and 'Homeopathy'. The aforesaid medical systems are codified and recognized under the Department of AYUSH, Ministry of Health and Family Welfare, Government of India. The Central Council of Indian Medicine (CCIM) is the statutory body responsible for framing and implementing various regulations including the curricula and syllabii in TIM at Under-graduate and Post-graduate level. Ayurveda and Siddha system of Medicine are considered as twin medical systems of India developed on identical concepts of which Ayurveda is prevalent in North India whereas Siddha flourished in the

southern part. Interestingly, one would be surprised to note that Ayurveda and Siddha are more or less similar with negligible differences like language used for development and propagation of these systems and its unique therapeutic advantages. The base for Ayurveda was developed from Sanskrit language whereas Siddha is said to have originated from Tamil language. The details about the unique concept of Siddha medicine, principles of herbal therapy and the art of healing touch: Varma therapies are described.

6. RESEARCH ABSTRACTS

(YOGA AND NATUROPATHY)

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***OBESITY VS. HYPERTENSION: A RESEARCH STUDY.***
5	[ArtEqEng]	
6	[NmeScholar]	S.N. Murthy
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	National Institute of Naturopathy. (Dept. of AYUSH, Ministry of Health & F.W., Govt. of India) PUNE.
10	[Insti]	
11	[Univ]	
12	[Year]	NISARGOPACHAR VARTHA MAY 2008.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The non pharmacological approach of Naturopathic management proves to be the only answer to have a permanent control of obesity, Hypertension and other complications which it could produce. The Study was conducted on 69 patients (male-35, female-34) during 1996-2002 for a period of 21 days (3weeks). It is essential to keep the body weight (fat) always under normal limits as this complication is compared to a baby snake in ones pocket. N.C. is the best alternative. In the present study there is significant decrease of systolic and diastolic blood pressure with 21 days of Naturopathy & yogic management by about 10% which is almost an equal amount of body weight/fat weight reduction. This study proves the effect of Naturopathy & Yoga in the management of Hypertension and Obesity.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***A STUDY ON THE IMPACT ON STRESS AND ANXIETY THROUGH YOGA NIDRA.***
5	[ArtEqEng]	
6	[NmeScholar]	Kamakhya Kumar
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Human Consciousness & Yogic Science, Dev Sanskriti Vishwavidyalaya Shantikunj, Haridwar 249411, Uttarakhand.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 7(3), July 2008, pp. 401-404.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The study aims at finding out the effect of *Yoga nidra* on stress and anxiety on college going students. The study conducted at the *Yoga* clinic of Dev Sanskriti Vishwavidyalaya. Practice time was 30 min the duration was 6 months. 80 students were taken from PG *Yoga* classes for observing the effect as well as 30 was in control group. The result shows a significant change in the practice group as *Yoga nidra* positively decreased the stress level of the male and female subjects. Several other studies prove *Yoga nidra* equally influences anxiety level significantly in both male and female subjects.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***EFFECT OF DEEP RELAXATION TECHNIQUE ON THE CAPACITY TO INFLUENCE REG- A RANDOMIZED CONTROL TRIAL***
5	[ArtEqEng]	
6	[NmeScholar]	Ghanshyam Singh Thakur, Nagendra HR & Nagarathna R.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Swami Vivekananda Yoga Research Foundation, Eknath Bhavan, #19 Gavipuram Circle, KG Nagar, Bangalore 560 019, Kamataka.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian J oumal of Traditional Knowledge, Vol. 8 (3), July 2009,pp. 459-463.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Psycho kinesis, power to influence a random event generator called REG from a distance is investigated in this study of the relaxation technique called Deep Relaxation Technique (DRT) which is known to invoke effulgence and higher power of the mind. In this investigation, the effect of DRT compared with supine rest (SR) on 80 healthy volunteers evoking the capacity to influence the REG has been examined. Each session consisted of 3 trials of pre followed by 10 trials during and 3 trails post. The experiment was repeated on the 1 day and the 15th day. Results showed no significant difference between

the pre-values of both sessions. There was also no significant change in the REG values of both SR and DRT on the 15th day compared to the 1 day in the during as also post phase. Similarly, there were no significant changes between the groups on the psycho kinetic power to bring changes. There was no significant difference shown in the number of episodes in which REG was influenced significantly (chi square test) between the two groups.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***STANDARDIZATION AND SIMPLIFICATION OF PHYSICO-THERAPEUTIC PROCEDURES IN AYURVEDA AND NATUROPATHY -A PRELIMINARY STUDY WITH LALA NETI.***
5	[ArtEqEng]	
6	[NmeScholar]	Sanjeev Rastogi, Rajiv Rastogi & Ranjana Rastogi
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	State Ayurvedic College and Hospital, Lucknow 226 003, Uttar Pradesh; Central Council for Research in Yoga and Naturopathy, New Delhi 110058; 3Vatsala Hospital, Lucknow 226 003, Uttar Pradesh.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 8 (3), July 2009, pp. 464-470.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	*Ayurveda* and naturopathy describes many physico-therapeutic procedures, which are useful as sole therapy, initial therapy or as adjuvant therapy in many clinical conditions. *Panchakarma* therapy in *Ayurveda* and various application of water in naturopathy are commonly used procedures at *Ayurveda* or nature cure settings. These procedures, though found effective on anecdotal and clinical experience grounds, have not been able to gain enough support to be used as

primary therapies. The limiting factors identified so far could be listed as the intricacies associated to their use, requirement of close supervision, requirement of indoor treatment, and lack of standardized protocols, which may be useful for the practical purposes. This was hypothesized that a simplified version of these procedures, which may deal precisely with the limiting factors and essentially without cutting into the effectiveness of the therapy, would be able to draw a quick attention of its presumptive beneficiaries. A simplified version for *Jala Neti* (saline nasal lavage) was conceived and tried in few patients for its comparative ease of operation and benefits. This preliminary study was able to show an improved applicability of alternative method to the conventional method of *Jala Neti*.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***ROLE OF PRANAYAMA BREATHING EXERCISES IN REHABILITATION OF CORONARY ARTERY DISEASE PATIENTS- A PILOT STUDY.***
5	[ArtEqEng]	
6	[NmeScholar]	Asha Yadav, Savita Singlr & KP Singh
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Physiology, Maulana Azad Medical College, New Delhi 110002; Department of Physiology and Medicine, University College of Medical Sciences & Guru Teg Bahadur Hospital, Delhi I 10095.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge; Vol. 8(3), July 2009, pp. 455-458.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Coronary artery disease (CAD) is the most common form of heart disease which gets precipitated by increasing stress, dietary habits and urban sedentary lifestyle. Pulmonary functions are found to be influenced in congestive heart failure, left ventricular dysfunction and after cardiac surgery. *Pranayama* breathing exercises & yogic postures play an impressive role in strengthening of respiratory muscles which improve cardio-respiratory efficiency. The effect of *Pranayama* breathing exercises on pulmonary function tests

(PFTs) of CAD patients was observed. PFTs of 20 diagnosed stable patients of CAD were recorded. They were then taught *Pranayama* breathing exercises which they practiced at home twice a day. Their PFTs were repeated after 2 weeks and compared to their basal PFTs. Anthropometric parameters were recorded and a standardized questionnaire related to cardio-respiratory health was also worked out. Statistically significant improvements were seen in FEVI %, PEFR, FEF25-75 and MVV after a brief period of breathing exercises. FEVI, FVC and PIFR also showed a trend towards improvement. *Pranayama* breathing exercises were found to improve lung functions in CAD patients and can be used as a complimentary therapy for their rehabilitation.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***STUDY ON THE EFFECT OF PRANAKARSHAN PRANAYAMA AND YOGA NIDRA ON ALPHA EEG & GSR.***
5	[ArtEqEng]	
6	[NmeScholar]	Kamakhya Kumar & Bhanu Joshi.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Human Cons & Yogic Science, Dev Sanskrit Vishwavidyalaya, Shantikunj, Haridwar, Uttaranchal; Department of Yogic Science Govt. MBPG College, Haldwani (Nainital) Uttarakhand.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge; Vol. 8 (3), July 2009, pp. 453-454.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The study was aimed to find out the effect of *yogic* practices on student's physiology. Forty students of 18-25 yrs age groups were selected from MBPG College Haldwani, Nainital, Uttarakhand. A package of *Yoga nidra* practice and *Pranakarshan pranayama* was given for 40 days. The effects studied on the alpha EEG and GSR level showed a significant change. On the basis of that it is concluded that practice of *yoga* helps to improve the immunity of the students.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	**EFFECT OF 'PRANIC' HEALING IN CHRONIC MUSCULOSKELETAL PAIN-A SINGLE BLIND CONTROL STUDY.**
5	[ArtEqEng]	
6	[NmeScholar]	A. Jain, R. Nagarathna, H.R. Nagendra, S. Telles.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	National Institute of Naturopathy. (Dept. of AYUSH, Ministry of Health & F.W., Govt. of India) Pune.
10	[Insti]	
11	[Univ]	
12	[Year]	Nisargopachar Vartha, February 2009.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	***Objective:*** To compare the immediate effect of pranic healing a non-touch non-pharmacological method of treatment. In chronic musculoskeletal pain with a placebo session of random hand movements. ***Design:*** A self control single blind study. Patients were blind folded with an eye band on both days of the healing and placebo session. ***Setting:*** Patients admitted for the treatment of chronic pain in the residential health home of Vivekananda Kendra yoga research foundation. Bangalore, south India. Subjects:50 patients with chronic non-malignant continuous musculoskeletal pain of more than 6 months duration. Group

A (N=25) had placebo on first day and group B (N=25) had pranic healing on first day.

***Intervention*:** Pranic healing of 25 minutes compared to placebo session of 25 minutes carried out on 2 consecutive days.

Main outcome measures: Pain Analogue scale and physiological measures of sympathetic activity namely heart rate. Respiratory rate. Galvanic skin conductance, blood pressure and finger plethysmography.

Result: Highly significant reduction in pain and sympathetic activity in pranic healing group (student's test $p<0.001$) and non-significant change in placebo group. Multivariate Discriminate analysis followed by Wilk's Lambda criteria for significance showed pranic healing is the best in both groups A and B.

Conclusion: Pranic healing when performed in the standardized method by a trained healher is effective in reducing continuous chronic pain of musculoskeletal origin. Within 25 minutes as compared to placebo random hand-movements which appear similar to the standard method of pranic healing.

7. RESEARCH ABSTRACTS

(UNANI SYSTEM OF MEDICINE)

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***CLINICAL EVALUATION OF THE EFFICACY OF POLYHEDRAL UNANI FORMULATIONS IN SCABIES***
5	[ArtEqEng]	
6	[NmeScholar]	Syed Mahtab Ali, Mahe Alam & Anwar Jamal'
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Anatomy and Physiology, Faculty of Medicine (D), Jamia Hamdard, New Delhi 110062; TKDL, NISCAIR, Dr K S Krishnan Marg, New Delhi 110012.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 5(2), April 2006, pp. 220-223
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Scabies is a contagious skin disease caused by a burrowing mite. Intense itching is induced by the mite burrowing into the skin to lay eggs, generally in the area of the wrist, fingers, genitals or feet. The disease is spread by close contact with infected person or from contaminated clothes. It affects hands and wrist (63%), extensor aspect of elbow (10%) and other sites (27%). It is commonly found in densely populated areas and especially in low socioeconomic groups. In Unani System of Medicine, an oral formulation consisting of *Shahtra (Fumaria indica* Pugsley), *Chiraita (Swertia chirayita* Roxb. ex Flem. Karst), *Sarphonka (Tephrosia purpurea* Liun. Pers.), *Gul-e-mundi (Sphaeranthus indicus* Linn.), and *Un nab*

iZiziphus jujuba Mill.) along with local formulation of *Gandhak* (Sulphur), *Murdaarsang (Letharg)* and *Kaphoor (Cinnamomum camphora* Linn.) is evaluated in patients fulfilling the diagnostic criteria. The study showed significant reduction in the signs and symptoms of scabies after 15 days of treatment. The objective of the study was to evaluate the therapeutic efficacy of polyherbal formulations in scabies with a view to find a cheaper and effective treatment, free from side effects.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***EVALUATION OF THE CLINICAL EFFICACY OF UNANI FORMULATION ON ECZEMA.***
5	[ArtEqEng]	
6	[NmeScholar]	Md Nawab, Abdul Mannan & Misbahuddin Siddiqui.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Moalijat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh 202002, Uttar Pradesh.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 7(2), April 2008, pp. 341-344.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Eczema C! *ar-e-farsi)* is a universally encountered and recurrent disease of the skin. It is estimated that 10% of people have some form of eczema at anyone time. A formulation containing *Olea europea* Linn. *Lawsonia innermis* Linn. and *igella sativa* Linn. was prepared in the form of oil for local application and studied clinically for its efficacy on eczema. The effect of the formulation was seen on subjective parameters such as itching, burning sensation, oozing, erythema, oedema, scaling, macule, papule, vesicles, papulo-vesicles, crusting, lichenification, excoriation, and hyper pigmentation. At the end of the study statistical significance of the results was noted. It was concluded that the formulation was effective on eczema.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***PHARMACOGNOSTICAL STUDIES ON SANKHAPUSHPI (CONVOLVULUS MICROPHYLLUS SIEB. EX SPRENG. AND EVOLVULUS ALSINOIDES (L.) L.***
5	[ArtEqEng]	
6	[NmeScholar]	Y Madhavan', S N Yoganarasimhan' & M R Gurudeva.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	M S Ramaiah College of Pharmacy, Bangalore; Y Pura College of Science, Bangalore 560 054
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 7(4), October 2008, pp. 529-541
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	*Sankhapushpi* is an important drug used in Ayurvedic system of medicine. It is considered as one of the controversial drugs in Ayurveda since more than one botanical source is assigned to the drug. To facilitate correct and easy identification of the drug, pharmacognostical studies covering morphology, macro- and microscopical studies and physico-chemical analysis along with diagnostic characters on two sources - *Convolvulus microphyllus and Evolvulus alsinoides* is presented. The study helps in the standardization of the drug.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***UTILITY OF CUPPING THERAPY HIJAMAT IN UNANI MEDICINE.***
5	[ArtEqEng]	
6	[NmeScholar]	Jamal Akhtar & M Khalid Siddiqui
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Unani Medicine, 61-65, Institutional Area, Opp. D-Block, Janakpuri, New Delhi 110058.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol.7(4), October 2008, pp. 572-574
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Unani physicians have described different methods to treat diseases including pharmacotherapy, dietotherapy and regimental therapy. Cupping is one of the oldest and frequently practiced regimental therapies, which is indicated in various diseases, e.g. arthritis, migraine, asthma, headache, hemorrhoids, etc. alone or in combination with other therapies. The paper discusses the method and indications of the cupping therapy mentioned in Un ani System of Medicine.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***THERAPEUTIC EVALUATION OF QALBEEN- A POLYHERBAL MINERAL FORMULATION IN ISCHAEMIC HEART DISEASE.***
5	[ArtEqEng]	
6	[NmeScholar]	Mohd Mohsin, AB Khan, MH Hakim* & T Latafat
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Moalijat, AK Tibbiya College, AMU, Aligarh 202002, Uttar Pradesh.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 7(4), October 2008, pp. 575-580.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Ischaemic heart disease (IHD) is the serious, chronic, life threatening illness affecting the general cross section of population in developed and developing countries. It causes more deaths and disability, and incurs greater economic loss than any other illness in the developed world. Similar pattern is now being seen in India also. India being a host of several well recognized alternative medicines, especially Un ani medicine can contribute a lot in its management. Several drugs either singly or in combination have been used by the ancient as well as modem Un ani physicians with promising results. Usually the benefits of herbal drugs overlay its hazards and complications. Hence for this purpose, *Qalbeen* (a

herbomineral formulation) which is used by the Unani physicians for this purpose, and also cost effective has been discussed. The overall improvement in clinical symptoms, signs, electrical and mechanical functions of the left ventricle as determined by two dimensional echocardiography was found to be significant. Therefore, the drug can be prescribed in the stable cases of ischemic heart disease with certain reservation for a pretty length of time.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***HYPOGLYCEMIC ACTIVITY OF BERG-C-ARUSO AND SHONEEZ.***
5	[ArtEqEng]	
6	[NmeScholar]	Kahkashan Zainab, SZ Rehman', Tajuddin, Abdul Latif & Nasreen Jahan
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Ilmul Advia, AKT College, Aligarh Muslim University, Aligarh, 202002, Uttar Pradesh; Department of Ilmul Advia, National Institute of Unani Medicine, Bangalore 560 091, Kamataka
10	[Insti]	
11	[Univ]	
12	[Year]	
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Diabetic problem has become more common in last few decades due to pressure of growing population, ecological disturbances and fast changing life styles. Presently, two main groups of substances are recognized as oral hypoglycemic agents but they are not risk free. In *Tibb-e-Unani,* many medicinal plants and mineral origin drugs have been mentioned to control diabetes but scientific validation of their antidiabetic properties is the need of the day. Therefore, in the study, the combination of two Unani drugs, i.e. *Arusa* (leaves of *Adhatoda vasica* Nees.) and *Shoneez* (seeds of *Nigella sativa* Linn.) was selected for the assessment of

hypoglycemic activity. The hypoglycemic effect of the individual drug was studied and found to be effective ($p<0.05$) in the same model. Therefore, the study was designed to find out any synergistic effect of the combination of two drugs. The test combination was studied both in acute and one week models in healthy adult albino rabbits of either sex. Diabetes was observed in the rabbits (fasting blood glucose level ranged from 200-250 mg/lOO ml) within 24 hrs after injection of alloxan and divided into 4 groups i.e. diabetic control (distilled water), diabetic standard (glibenclarnide), diabetic test A *(Arusa & Shoneez)* and diabetic test B *(Arusa & Shoneez)* . Each group consisted of 5 rabbits. Blood samples were obtained from the marginal ear veins at 0 hr (initial) and 2 hrs, 3 hrs and 6 hrs after drug administration. Blood glucose was estimated by the end point 0- toluidine. The study revealed that the aqueous extract of test combination given orally reduced the blood glucose level in alloxan induced diabetic rabbits. The significant reduction ($p<0.05$) in blood glucose level started after 3 hrs which continued for 6 hrs in both the groups.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***CLINICAL EVALUATION OF THE EFFICACY OF QURS SARTAN KAFOORI AND SHARBAT ZOOFA MURAKKAB IN CHRONIC BRONCHITIS.***
5	[ArtEqEng]	
6	[NmeScholar]	Abdul Quddus*, MMH Siddiqui, MY Siddiqui & Shagufta Aleem
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Moalejat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh 202 001, Uttar Pradesh.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian J oumal of Traditional Knowledge, Vol. 8 (3), July 2009, pp. 417-420.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Chronic bronchitis is commonly found in smokers. In Unani medicine, *Muhallil Auram* (antiinflammatory), *Munaffis Balgham* (expectorant) and *Mulattif(mucolytic)* are given in the treatment of chronic bronchitis. The effects of *Qurs Sartan kafoori & Sharbat Zoofa Murakkab,* the two Unani formulations in 30 patients of chronic bronchitis selected during April 2002 to December 2004 has been evaluated clinically. All the patients were screened for airways obstruction by the Pulmonary Function Tests (PFT) and those found having irreversible airways obstruction were included

in the study. Significant improvement in symptoms & signs of the disease and also in pulmonary function tests was observed. At the end of the study, the two formulations were found to be effective in chronic bronchitis.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***SCIENTIFIC VALIDATION OF UNANI COMPOUND FORMULATION FOR ITS EFFICACY IN BRONCHIAL ASTHMA***
5	[ArtEqEng]	
6	[NmeScholar]	KC Singhal[1]*, Furkhunda Jabin[1], Shoaib Ahmad', S Z Rahman', R K Bhargava.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	A Latie Department of Pharmacology, Jawaharlal Nehru Medical College, AMU, Aligarh 202 002, Uttar Pradesh,Department of TB & Chest Diseases, JLN Medical College, AMU, Aligarh 202 002, Uttar Pradesh, Department of Ilmul Advia, Ajmal Khan Tibbiya College, AMU, Aligarh 202 002 Uttar Pradesh.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 8(3), July 2009, pp. 421-424.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The exact pathogenesis of asthma, a chronic inflammatory disease of the respiratory system is still unknown. In recent past, newer drug therapies are being introduced. Drugs of Un ani System of Medicine are also being prescribed since ages for the treatment of bronchial asthma. The study was carried out to scientifically validate the Un any compound formulation for its efficacy in patients of asthma. In the study, potency of

an herbal drug formulation, reported as mucolytic, anti-inflammatory, expectorant and bronchodilator was evaluated. Lung function test was performed before and after the treatment to evaluate the patients. Two parameters, Peak Expiratory Flow Rate (PEFR) and Forced Expiratory Volume in one second (FEV 1) after the treatment showed marked improvement with lesser side effects of test drugs. Hundreds of such herbal drugs are used in various alternative systems of medicine for the treatment of bronchial asthma. These alternative systems of medicine should be explored, so that hidden potential of these systems could be fully utilized to serve the humankind and provide a complete and safe remedy for asthma.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***DIET THERAPY AND ITS SIGNIFICANCE WITH SPECIAL REFERENCE TO THE MANAGEMENT OF DIQUE (TUBERCULOSIS).***
5	[ArtEqEng]	
6	[NmeScholar]	M M H Siddiqui & M Shamim Khan.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Moalejat, Faculty of Unani Medicine, Ajmal Khan Tibbiya College, Aligarh Muslim University Aligarh 202002, Uttar Pradesh.
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 7(3), July 2008, pp. 397-400.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Diet therapy deals with certain ailments by administration of specific diet or by regulating the quantity and quality of foods. Tuberculosis *(Dique)* is a chronic ailment and is the major cause of illness and death in the under developed countries. Malnutrition resulting from poverty and ignorance combined with unhygienic living condition and poor sanitation makes an individual susceptible to *Dique.* Although tuberculosis is caused by *Mycobacterium tuberculosis* but according to Unani System of Medicine, susceptible infection condition is the basic cause of *Dique.* The combating of the disease depends

upon enhancement of the body resistance and eradication of the mycobacterium. To achieve the first phase, there is essential to increase sufficient quantity and good quality of protein, fat, carbohydrate, vitamins and minerals while the second phase belong the use of specific antibacterial therapy. The paper deals with dietary schedule of the patient suffering from tuberculosis.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***A CLINICAL STUDY ON THE MANAGEMENT OF ANXIETY NEUROSIS WITH SANKHAHOLI.***
5	[ArtEqEng]	
6	[NmeScholar]	Yasmeen Shamsi!” Jamee1 Ahmad”: & Asim Ali Khan
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Kulliyat, Faculty of Medicine, Jamia Hamdard, New Delhi 110062; Department of Moalijat, Faculty of Medicine, Jamia Hamdard, New Delhi 11 0062
10	[Insti]	
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge, Vol. 6(4), October 2007, pp. 66S-677.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	*Sankhaholi (Evolvulus alsinoides* Linn.) has been used to improve brain power, memory and to treat various psychiatric disorders. A single blind, placebo controlled study was conducted to evaluate the efficacy of *Sankhaholi* in 60 patients of Anxiety neurosis, belonging to IS-50 yrs of age group of both sexes. The severity of anxiety symptoms was assessed by Hamilton's Anxiety Rating Scale (HARS), which was administered at baseline, at every week for 4 weeks, and then at 6th week of treatment (the treatment end point). In Drug group, the mean HARS score before treatment was 22.26, which was trimmed down to 12.21 after 6 weeks treatment. Whereas, in placebo group, pre-treatment mean HARS score

was 23.7S and post treatment HARS score were 24.07. *Sankhaholi* markedly relieved anxiety symptoms without producing any side effects. Statistically the results of *Sankhaholi* were determined highly significant as compared to the results of placebo.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***CLINICAL EVALUATION OF THE EFFICACY OF A COMBINATION OF ZANJABEEL (ZINGIBER OFFICINALE) AND AMLA (EMBLICA OFFICINALIS) IN HYPERLIPIDAEMIA***
5	[ArtEqEng]	
6	[NmeScholar]	Rihana Kamal * & Shagufta Aleem
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Moalijat, AK Tibbiya College, Aligarh Muslim University, Aligarh 202 001, Uttar Pradesh
10	[Insti]	
11	[Univ]	
12	[Year]	Indian J oumal of Traditional Knowledge, Vol. 8(3), July 2009, pp. 413-416.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In Un ani System of Medicine, many drugs (single drugs as well compound formulations) are used for the purpose of reducing body weight and treating the obesity *(Muhazzil)*. Indian gooseberry *(amla)* & ginger *(Zanjabeel)* are among these medicines. Since these drugs are useful in obesity, these can also be proved beneficial in lowering increased concentration of plasma lipids or treating hyperlipidaemia. Their efficacy has also been proved pharmacologically and these are documented as good hypolipidaemic as well as antioxidant natural agents. The combination of drugs was

found to be significant in lowering the level of serum total cholesterol, serum triglycerides, serum LDL-cholesterol, serum VLDL-cholesterol and in increasing the level of serum HDL-cholesterol in patients of primary hyper-lipidaemia.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	**EFFECT OF A POLYHERBAL UNANI FORMULATION ON CHRONIC URTICARIA**
5	[ArtEqEng]	
6	[NmeScholar]	Yasmeen Shamsi, Harendra Kumar, A Tamarma & E A Khan
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	‘Faculty of Medicine, Jamia Hamdard, New Delhi; Faculty of Allied Health Sciences, Jamia Hamdard, New Delhi; Majeedia Hospital, New Delhi; “Faculty of Science, Jamia Hamdard, New Delhi.
10	[Insti]	
11	[Univ]	
12	[Year]	
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study was carried out in the Clinical Research Unit of Majeedia Hospital, Jamia Hamdard, New Delhi during 1996-1998. The aim and objective of the study was to develop safe and effective treatment of urticaria from herbal sources. In this double blind study, patients of chronic urticaria were randomly allocated to receive Pitkirya, a poly herbal formulation or placebo, two capsules daily for 4 weeks. *Pitkirya* treatment significantly reduced all the symptoms of chronic urticaria without producing any serious side effects. Statistically significant difference was found between the results of *Pitkirya* and placebo, *Pitkirya* was found to be much

superior over the placebo. Clinical and laboratory parameters showed the efficacy and safety of *Pitkirya,* which was found to be highly effective and safe drug for the treatment of urticaria.

APPENDICES

8.1. USER MANUAL FOR ONLINE RESEARCH DATABASE

Appendix - I

USER MANUAL TO WEB-BASED ELECTRONIC RESEARCH DATABASE

Web-based portal on Research Database on Ayurveda, Siddha, Other Traditional Medicine and Related Sciences developed by National Institute of Indian Medical Heritage, Hyderabad (CCRAS) has following components.

1. **Research database with dynamic search options for users**
2. **Online submission of Research Abstracts**

Process regulation

The information submitted by the contributors through online will be scrutinized, edited and refined by the institute. Then, the suitable information will be incorporated in the user database.

General instructions

- Research database with dynamic search options can be freely accessibly to all the users.
- The contributors should initially register their names with unique user name and password for online submission of Research Abstracts
- Submit the data through Online Research Abstracts Format following the procedures
- Each submitted abstract will be given a unique ID for contributor's reference
- The contributors can view their submitted research abstracts at a glance

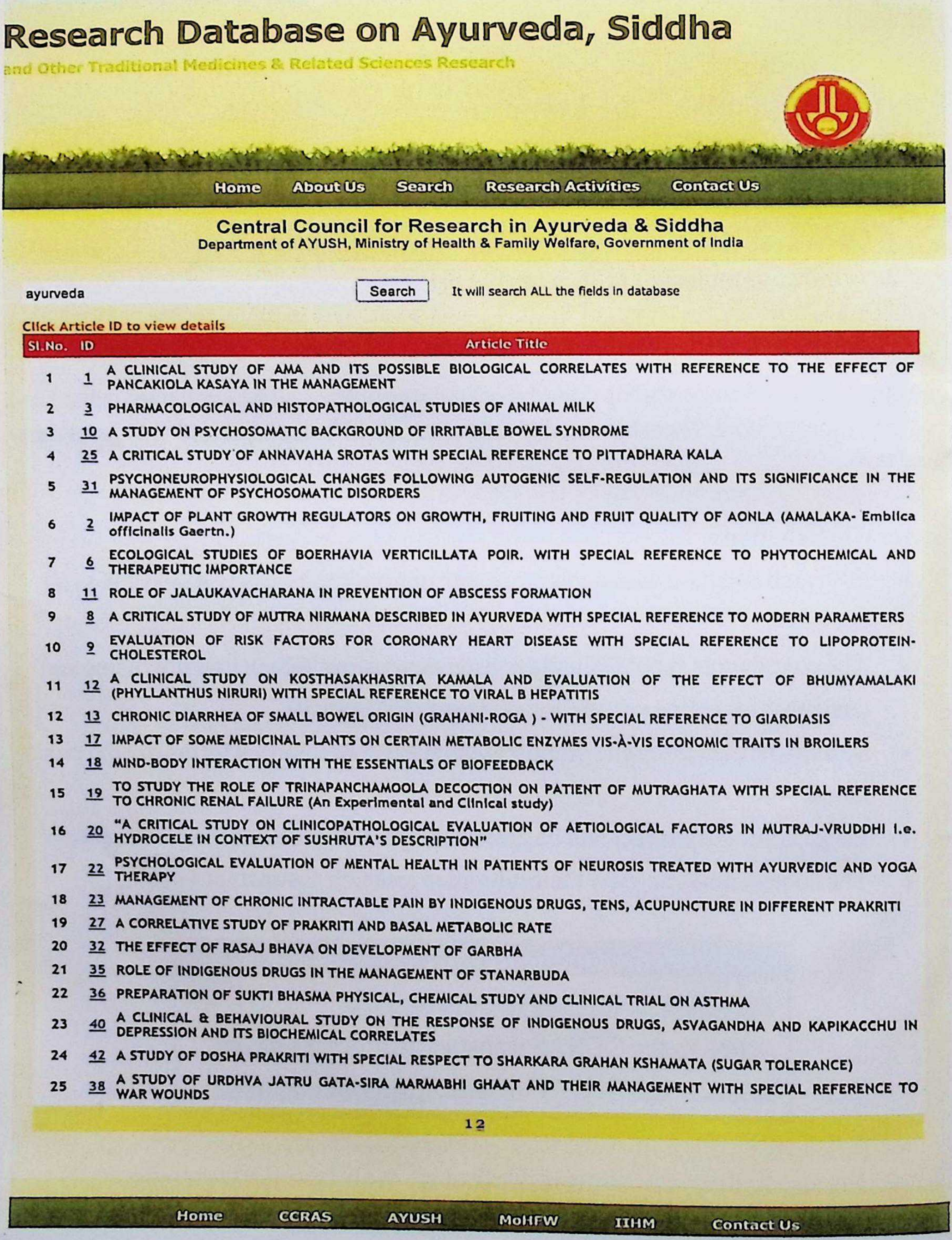
To access the Online Research Database website

Direct URL: http://ccrasrdb.ap.nic.in
A link in the CCRAS website: http://ccras.nic.in
A link in the NIIMH website: http://iihm.ap.nic.in

Note: Please follow the sample format of web based electronic submission forms .

8.1. USER MANUAL FOR ONLINE RESEARCH DATABASE

SAMPLE FORMAT OF WEB BASED ELECTRONIC SUBMISSION FORM



Research Database on Ayurveda, Siddha

and Other Traditional Medicines & Related Sciences Research

Central Council for Research in Ayurveda & Siddha

Department of AYUSH, Ministry of Health & Family Welfare, Government of India

ayurveda

It will search ALL the fields in database

Click Article ID to view details

Sl.No.	ID	Article Title
1	1	A CLINICAL STUDY OF AMA AND ITS POSSIBLE BIOLOGICAL CORRELATES WITH REFERENCE TO THE EFFECT OF PANCAKIOLA KASAYA IN THE MANAGEMENT
2	3	PHARMACOLOGICAL AND HISTOPATHOLOGICAL STUDIES OF ANIMAL MILK
3	10	A STUDY ON PSYCHOSOMATIC BACKGROUND OF IRRITABLE BOWEL SYNDROME
4	25	A CRITICAL STUDY OF ANNAVAHA SROTAS WITH SPECIAL REFERENCE TO PITTADHARA KALA
5	31	PSYCHONEUROPHYSIOLOGICAL CHANGES FOLLOWING AUTOGENIC SELF-REGULATION AND ITS SIGNIFICANCE IN THE MANAGEMENT OF PSYCHOSOMATIC DISORDERS
6	2	IMPACT OF PLANT GROWTH REGULATORS ON GROWTH, FRUITING AND FRUIT QUALITY OF AONLA (AMALAKA- Emblica officinalis Gaertn.)
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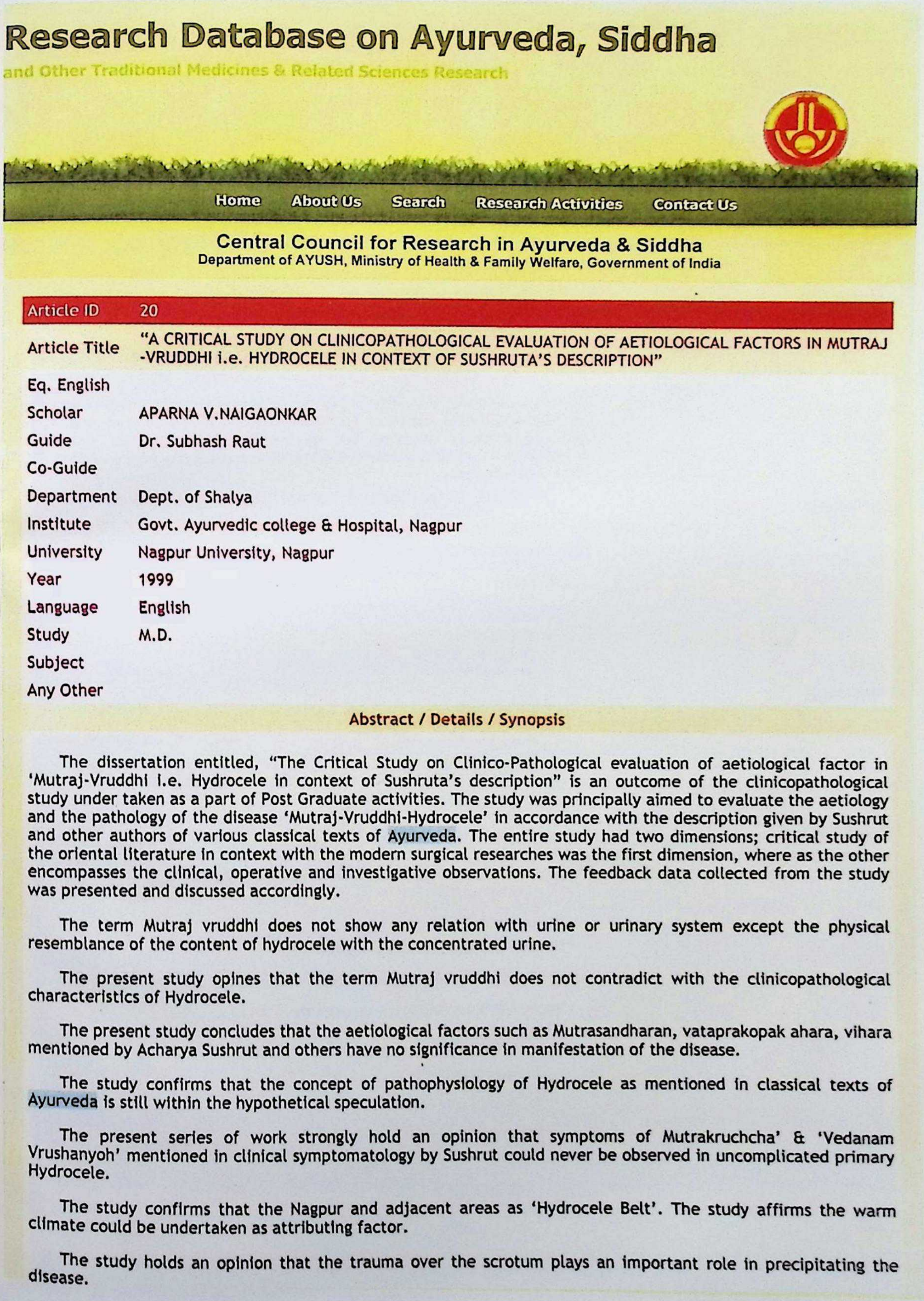

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Eq. English	
Scholar	APARNA V.NAIGAONKAR
Guide	Dr. Subhash Raut
Co-Guide	
Department	Dept. of Shalya
Institute	Govt. Ayurvedic college & Hospital, Nagpur
University	Nagpur University, Nagpur
Year	1999
Language	English
Study	M.D.
Subject	
Any Other	

Abstract / Details / Synopsis

The dissertation entitled, "The Critical Study on Clinico-Pathological evaluation of aetiological factor in 'Mutraj-Vruddhi i.e. Hydrocele in context of Sushruta's description" is an outcome of the clinicopathological study under taken as a part of Post Graduate activities. The study was principally aimed to evaluate the aetiology and the pathology of the disease 'Mutraj-Vruddhi-Hydrocele' in accordance with the description given by Sushrut and other authors of various classical texts of Ayurveda. The entire study had two dimensions; critical study of the oriental literature in context with the modern surgical researches was the first dimension, where as the other encompasses the clinical, operative and investigative observations. The feedback data collected from the study was presented and discussed accordingly.

The term Mutraj vruddhi does not show any relation with urine or urinary system except the physical resemblance of the content of hydrocele with the concentrated urine.

The present study opines that the term Mutraj vruddhi does not contradict with the clinicopathological characteristics of Hydrocele.

The present study concludes that the aetiological factors such as Mutrasandharan, vataprakopak ahara, vihara mentioned by Acharya Sushrut and others have no significance in manifestation of the disease.

The study confirms that the concept of pathophysiology of Hydrocele as mentioned in classical texts of Ayurveda is still within the hypothetical speculation.

The present series of work strongly hold an opinion that symptoms of Mutrakruchcha' & 'Vedanam Vrushanyoh' mentioned in clinical symptomatology by Sushrut could never be observed in uncomplicated primary Hydrocele.

The study confirms that the Nagpur and adjacent areas as 'Hydrocele Belt'. The study affirms the warm climate could be undertaken as attributing factor.

The study holds an opinion that the trauma over the scrotum plays an important role in precipitating the disease.

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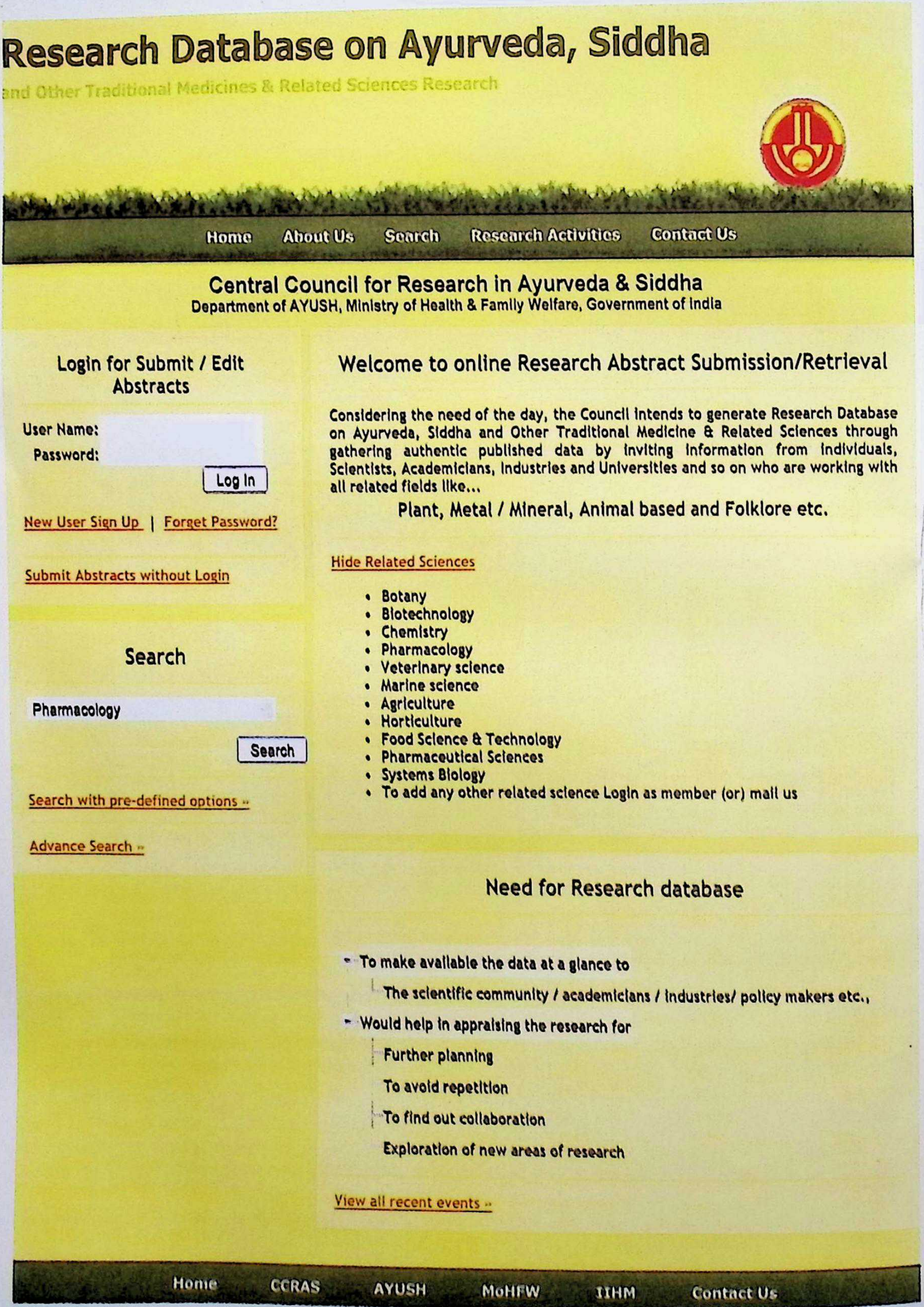

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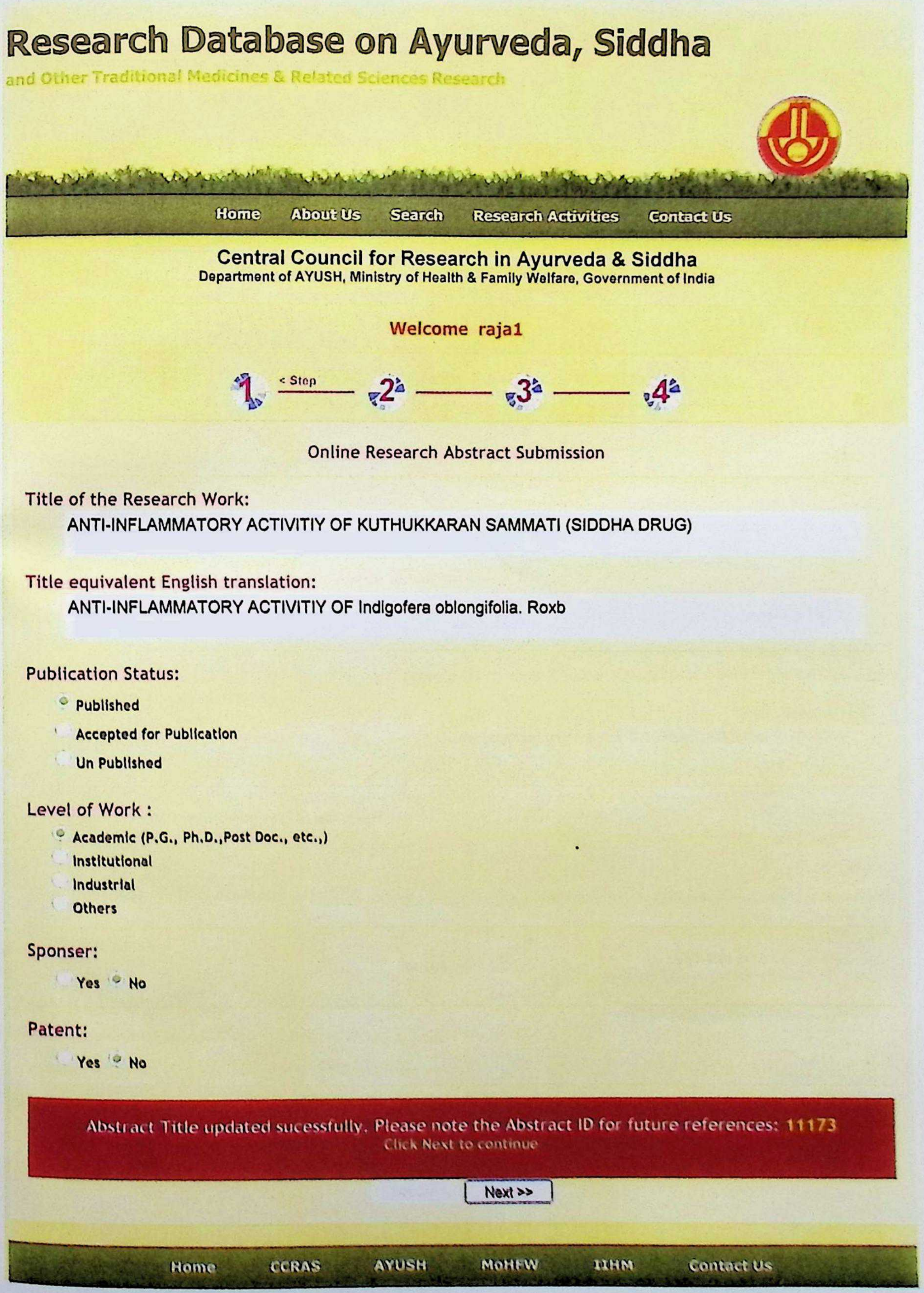
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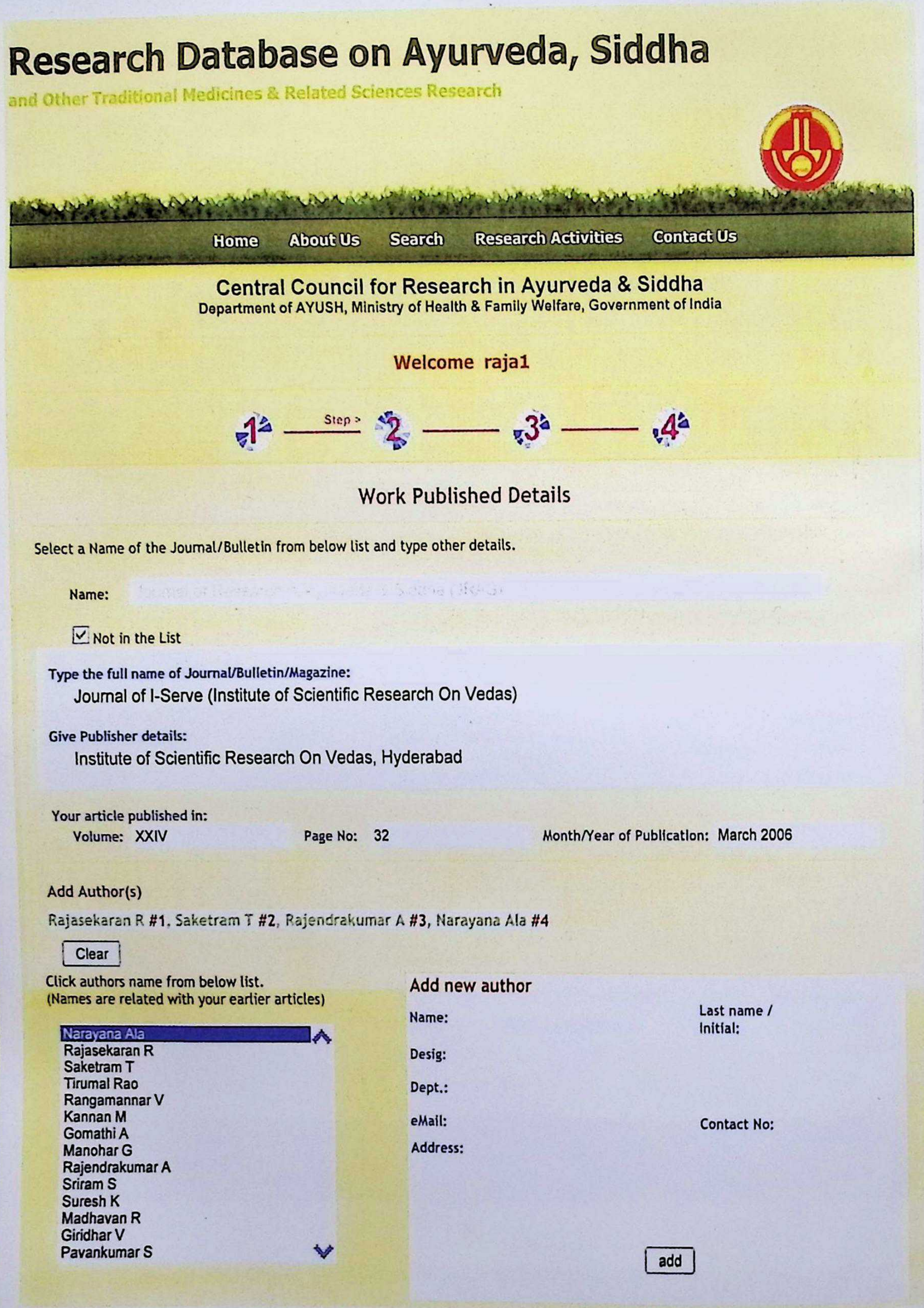

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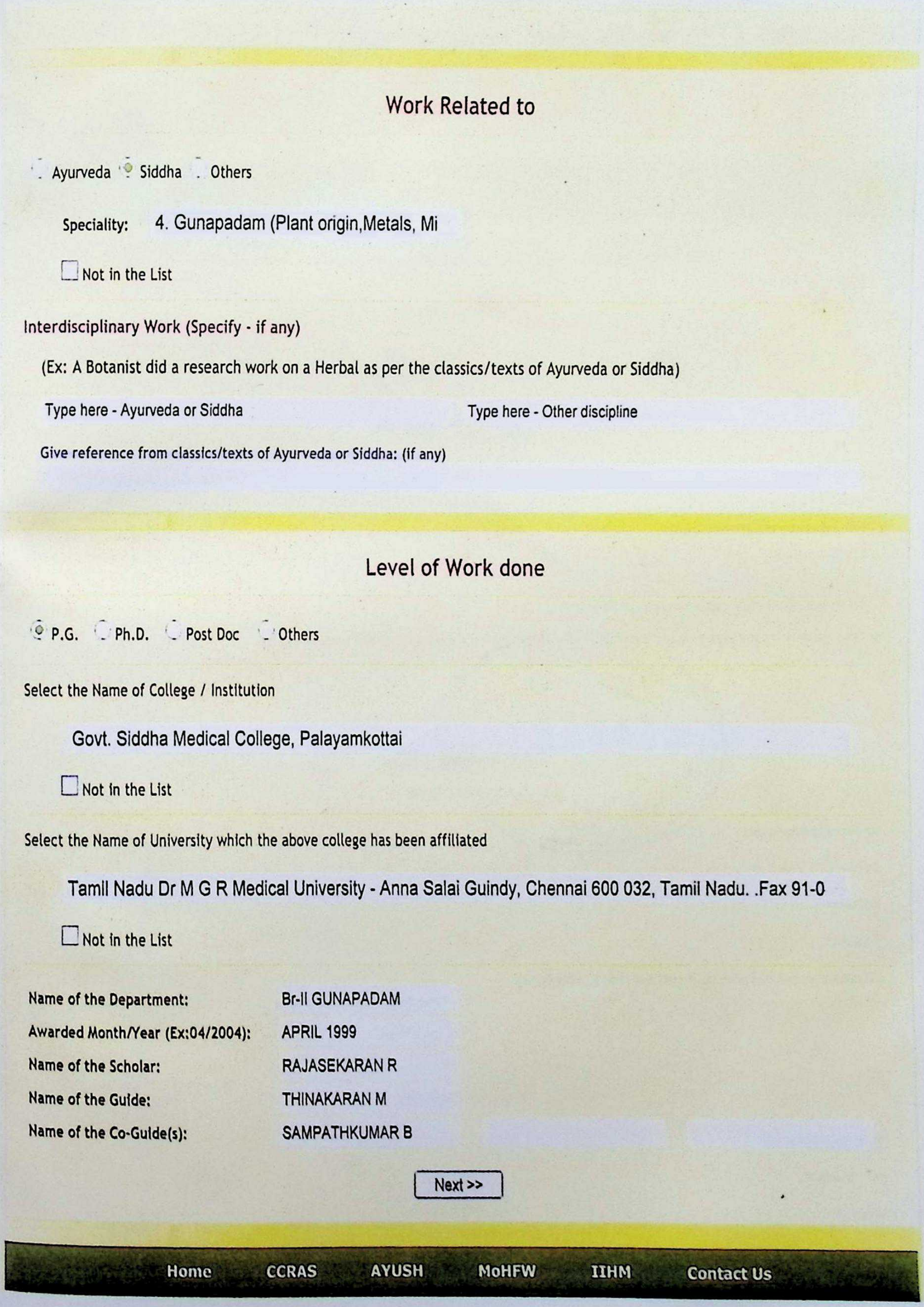

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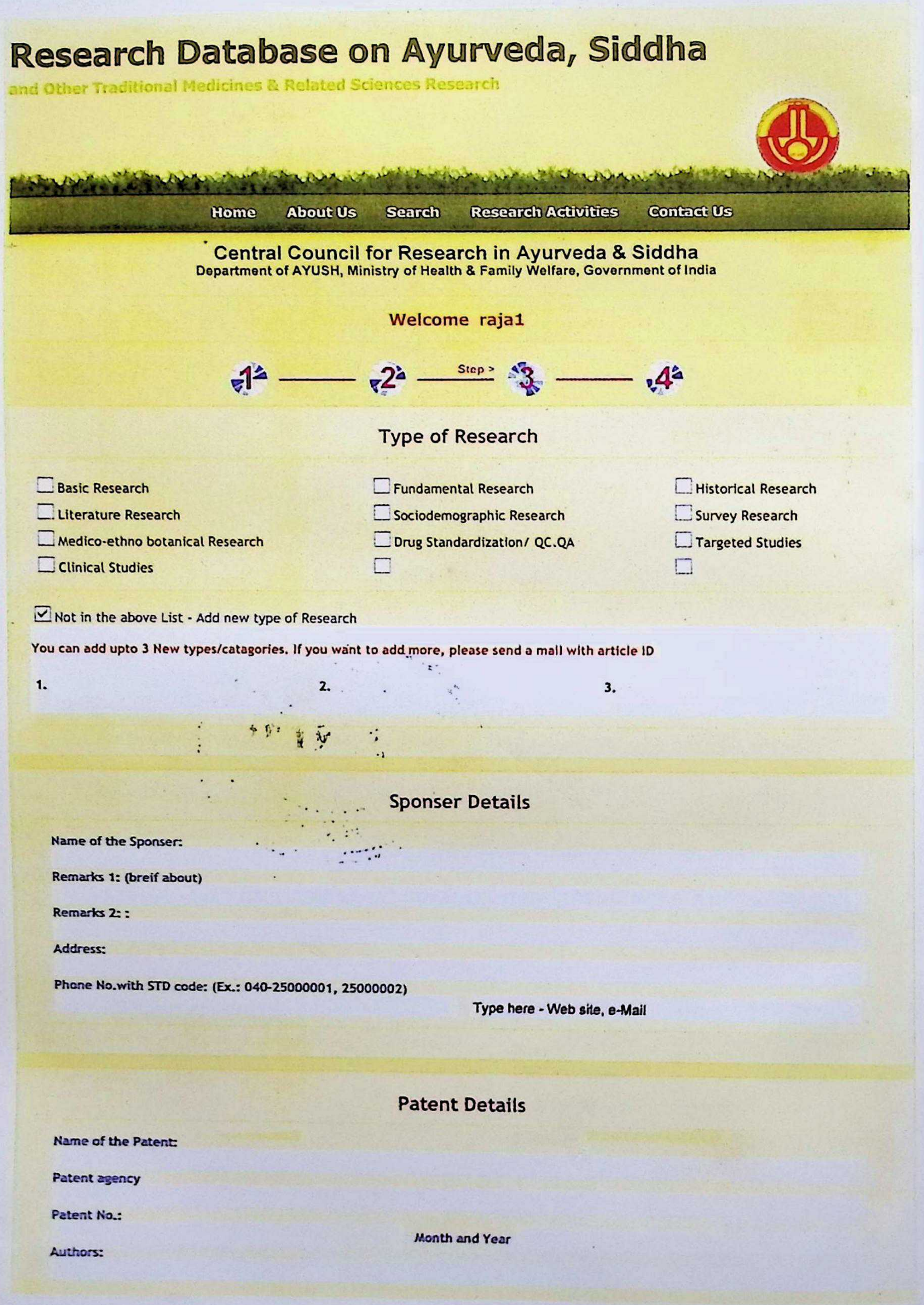

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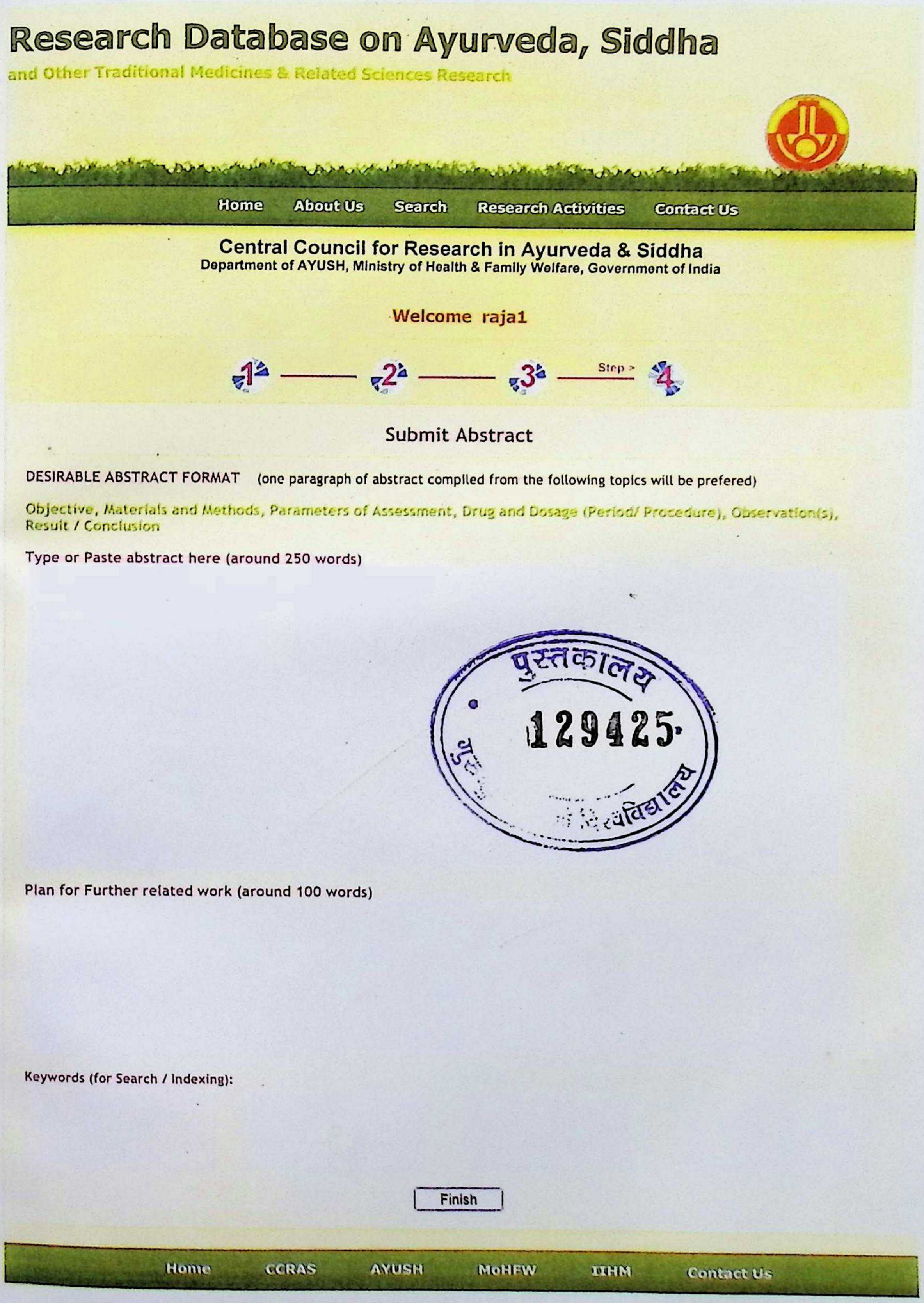
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